

**THE PATIENT
AT THE HEART OF EVERYTHING WE DO**

CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL

2009–2010 Annual Report

Marie-Josée Dubeau is one of the many patients who want to give back, in the form of volunteering, what they have gained in quality of life. Unable to walk after an automobile accident, the CHUM gave her back the use of her legs. For the past ten years, she has volunteered anywhere she is needed. She has become an expert in simulating symptoms for first and second year medical students. She loves playing the role of someone with high blood pressure, or simulating respiratory problems or major depression: "I feel like I'm acting in a play, I talk with specialists and I feel very useful."

William Christopher Price – Throughout their lifetimes, people living with HIV must take many drugs that sometimes have severe side effects. Some people forget to take their medication or believe that missing a dose, just once, will have no consequences. A new Web application, called VIH-TAVIE, was designed to support these people and to suggest strategies. William Christopher Price, a patient who frequents the hospital's AIDS research, teaching and care unit (UHRESS), lends a hand. He and other patients participating in this research project are amazed by the benefits that they are getting out of it, including the feeling of being better able to deal with their situation. Research coordinator: Geneviève Rouleau, nurse.

André Robinson was getting older and was requiring more and more specialized care. Young at heart in his seventies, he had been suffering continually from hip pain for years. Cared for at the CHUM orthopaedic unit, he walked out of the hospital five days after a hip arthroplasty. Thanks to physiotherapy, little by little he is returning to the activities that he had been forced to give up: swimming, walking and dancing. His limitations are fading away and he is more active than ever. "I was supported by the entire staff and my wife has been by my side since the pain began. That support is key." About 150 hip arthroplasties are performed at the CHUM every year. Orthopaedic surgeon: Dr. Luc Pilon.

Claude Couvrette learned that he had cancer. Even though the nodule in his right lung was small, normal surgery would have been complicated because of the presence of numerous blood vessels. He was therefore treated with the CyberKnife™, a new rapid and painless technology, which, in his case, required four treatments of one hour each. The CHUM, which acquired this robotic nuclear accelerator in 2009, is the only hospital in Canada to have one, which is why the treatment is only offered to patients whose cases are appropriate for its use. The system, which uses stereotactic radiotherapy to administer high doses of radiation in a few sessions, replaces conventional radiotherapy that may be spaced out over several weeks. Claude Couvrette was delighted to be able to benefit from this scientific advance that enabled him to see one of the best sides of medicine.

Marie-Josée Fournier – An active young mother of four children, careful about her health, Marie-Josée Fournier has had to have a defibrillator since she was diagnosed with a malignant form of cardiac arrhythmia. Her peace of mind was shattered, and she had to overcome her fear of her heart's wild palpitations. A long period of adaptation was necessary. But Marie-Josée Fournier is a fighter: she asked questions, got involved in her own care, and began to put into words and actions what she was learning day by day. She is often asked to give talks about her experience, and she founded the *Defib-Ami* organization to support people who live with a defibrillator.

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* All the CHUM's departments were asked to provide a summary of their activities. This chapter is the report of those who responded to our request.

**MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS
AND THE DIRECTOR GENERAL**

Patients are at the heart of everything we do. Above and beyond the words, this maxim guides each physician, nurse, healthcare professional and worker at the *Centre hospitalier de l'Université de Montréal (CHUM)* every day.

Because patients are the focus of our work, they are key to this 2009–2010 annual report, which sums up our activities over the past year. In these pages, you will read the stories of people who have battled disease and who have bounced back, better than ever, both through their own strength and the support of their loved ones, and the know-how of our care and research teams.

The document you hold in your hands is the result of teamwork: each department and each service was asked to contribute by presenting their major accomplishments. The content of this annual report is thus the sum of the most outstanding events experienced by our teams in 2009–2010. We wish to thank them for their contribution.

This year was one of transition, but also one of unforeseen challenges. At the beginning of the year, and, in fact, throughout it, the threat of influenza A (H1N1) mobilized all of our teams. A record rate of vaccination among staff, the implementation of a pandemic action plan, rapid adaptation of the emergency departments to prevent cases of contamination—all are proof that our teams were able to successfully meet major challenges, ensuring the safety of patients, their loved ones and our staff.

In addition, during the same period, all the employees of CHUM were mobilized for the visit of Accreditation Canada, because the organization now requests that everyone participate. Each health professional, manager, employee, volunteer, etc., must meet the standards of excellence of a university hospital centre. And of course, it is all for the benefit of our patients!

The year 2009–2010 ended as dramatically as it started, but on a much more positive note, with the launch of construction of our research centre and our integrated teaching and training centre, taking us past the first stages of the CHUM modernization project and into anticipating the next stages with optimism and impatience.

And finally, because the CHUM is much more than a construction project, because it is a university hospital centre bursting with vitality, we now invite you to leaf through the following pages. They provide an account of the discoveries made by the CHUM's teams, the projects that have mobilized the care teams, and the passion that drives each member of our community to ensure that patients are always at the heart of everything we do.

Me Patrick A. Molinari
Chair of the Board of Directors

Christian Paire
Director General

ATTESTATION OF RELIABILITY

The reliability of the information included in the annual management and activities report of the *Centre hospitalier de l'Université de Montréal* falls within my responsibility. The results and data for the financial year 2009–2010 faithfully describe the institution's mission, mandates, values and strategic orientations. It presents the indicators used, targets established and results obtained. I attest that the information it contains is reliable, that is to say, objective, exempt from errors and verifiable, as are the related controls, and that it accurately reflects the situation for the financial year ended March 31, 2010.

Christian Paire
Director General

MAJOR EVENTS AND ACTIVITIES

Many events and activities marked our different teams in 2009-2010, with some of them requiring the mobilization of the CHUM as a whole.

INFLUENZA A (H1N1): THE CHUM MOBILIZES

The end of April 2009: the World Health Organization (WHO) announced the emergence of a new virus in a Mexican community and recommended that all countries exercise vigilance. The appearance of new cases in other countries rapidly led the WHO to raise its alert level to phase five, signifying an imminent pandemic.

The Ministère de la Santé et des Services sociaux (MSSS) deployed its influenza pandemic plan province-wide. The plan defined the measures and actions to be taken to limit propagation of the virus.

The regional health and social service agencies and all of the institutions comprising them, including the CHUM, immediately began establishing guidelines concerning screening and management of patients suspected of being infected with the virus. Posters were prepared for the staff and the public, a strategic management committee was created to coordinate the actions to be taken in the eventuality of a declared pandemic, the CHUM updated its pandemic action plan and some targeted groups took a specific training course put on line by the MSSS. Everyone was reminded of simple hygienic measures, such as hand washing and coughing or sneezing into the elbow or shoulder instead of into one's hands.

An internal vaccination campaign was organized. Everyone, without exception, was encouraged to get vaccinated. Managers publicly set the example. Nurses made the rounds of the departments to make it easier for staff members to receive their vaccinations. The result was that over 80% of staff was vaccinated, a record, because during regular campaigns, the vaccination rate is about 50%. In the emergency wards, the stakes were high: ensuring that the some 400 potentially infected patients who passed through our doors every day did not come in contact with other patients. Thanks to the cooperation of all the professionals, the challenge was met successfully. More details can be found in the Emergency Medicine section of this report.

ACCREDITATION: EVERYONE'S PARTICIPATION IN A RIGOROUS EXERCISE

In 2010, Accreditation Canada completely overhauled its process with its Qmentum (a contraction of quality and momentum) program. The organization no longer only targets a hundred or so people who have had time to prepare in advance, but asks for the participation of everyone: physicians, employees, managers, volunteers, members of the Board of Directors, etc. Thus, people who are not subject to clinical standards, such as office employees, must respond to two obligatory surveys on work life quality and the culture of safety of care and services.

From mid-September to mid-October 2009, the majority of the CHUM's employees filled out the obligatory and specific surveys, put on line on the Accreditation Canada portal. The new aspects were explained to everyone and many information tools were available for employees to consult. Accreditation Canada defines 21 standards of excellence for university hospitals,

23 priority processes for the organization to be recognized as effective and efficient, the required organizational practices to ensure the safety of care, and eight dimensions respecting the quality of care. The results, released at the beginning of November, determine the development of action plans to improve the weakest points, during the visit of Accreditation Canada, in April 2010. However, continuous improvement must be maintained between visits.

The results of the process will be published in the next annual report.

THE NEW CHUM: BREAKING GROUND

On March 25, 2010, the CHUM reached a turning point in its history. Québec's Premier, Jean Charest, accompanied by the Chair of the Treasury Board and the Minister responsible for Public Administration, Monique Gagnon-Tremblay, and the Minister of Health and Social Services, Yves Bolduc, officially launched the construction work on the CHUM's research centre (CRCHUM), the first step of this major modernization project. The CHUM will have a state-of-the-art facility, equipped with a state-of-the-art technological infrastructure that will benefit both researchers and patients. The research centre will not only strengthen Montréal's position as a life sciences hub, but will also contribute to its economic vitality and international reputation.

The construction crews first cleared out the interior of the Viger Street building, and then proceeded with its complete demolition. Over the summer, heavy machinery assaulted the block delimited by Viger, Saint Denis and Saint-Antoine, and the Ville-Marie highway access ramp.

OUR MISSIONS

CARE

MORE THAN EVER, THE PATIENT IS AT THE HEART OF EVERYTHING WE DO

As a university hospital institution of international calibre, the CHUM provides general healthcare to the clientele situated within its immediate geographic area, but also and above all, specialized and ultra-specialized services to a regional and supraregional clientele. Every year, it cares for some 345,000 patients in ambulatory care, 22,000 who are hospitalized, and 65,000 in the emergency departments.

FRONTLINE ULTRA-SPECIALIZED SERVICES

The CHUM has made a name for itself in cardiovascular and metabolic medicine, neurosciences, transplantation of solid organs, oncology, addiction medicine and reconstructive plastic surgery, which includes replantation and the care of major burn victims. It is the only institution in Québec to perform lung transplants and is a referral centre for limb replantation. During the 2009–2010 financial year, 93 kidney transplants, 56 liver transplants, 31 lung transplants, 6 kidney-pancreas transplants and 1 kidney-liver transplant were performed at the CHUM.

THE ORGANIZATION OF SERVICES INSPIRED BY BEST PRACTICES

The CHUM takes inspiration from the best practices documented throughout the world in matters of care and organization of services in order to fulfill its role as a model for other health institutions. At the cutting-edge of technology and ready to meet the many challenges of the coming decades, the CHUM contributes to the promotion of health, in continuity with primary care services.

Patients' care is managed by patient-centred groups made up of interdisciplinary teams of professionals. The organization of care thus defined ensures that continuity and integration of care and services to patients are optimized, as is communication among physicians, professionals, support staff and managers. It also encourages professional cooperation and the integration of practices. It enables those involved to assume responsibilities and decentralizes decision-making and resources.

THE CARE PROVIDED AT THE CHUM CAN BE SUMMED UP BY THE FOLLOWING PRINCIPLES:

- Care adapted to patients' needs;
- Integrated management throughout treatment;
- Results-based research;
- Interdisciplinary work practices;
- Decentralized decision-making;
- Continuity of care and services.

TEACHING

TRAINING EXPERTS FOR THE BENEFIT OF OUR PATIENTS

The Teaching Division works closely with a number of other divisions and services, as well as with the educators in place, to support the various teams, because teaching is an integral part of the career path expected of everyone in the medical corps.

The Division integrates and provides for a range of activities, such as the initial training of health professionals, continuous education, the professional development of physicians and all of the human resources of the CHUM and its partners in the health network, as well as the education of patients. A number of accomplishments and events marked the year 2009–2010.

- The Division's recognition award highlighting the commitment of the teams that teach nursing—three awards, one per hospital—presented on Nurses Day.
- Publication and distribution of the *Guide d'accueil et de référence du stagiaire*, an introductory and referral guide, to all trainees at the CHUM.
- Reception of approximately 70 high school and college-level students in the scope of two projects (*Jeunes explorateurs d'un jour* and *Classe Affaire*), to introduce them to the various health professions. These young people were twinned with professionals in a dozen clinical sectors of the CHUM for a day of observation.
- Website development project slated to begin in the fall of 2010.
- The contribution of the integrated university health network (RUIS) of the *Université de Montréal* to set up a teletraining project and multidisciplinary clinical support.

STIMULATING PRACTICUMS

The CHUM also has the responsibility of providing students with practicum environments in which they can progress from theory to practice and put their knowledge to use. In conjunction with the physicians who have a teaching load, the Teaching Division contributes in the training of almost half the medical students at the *Université de Montréal*, both general practitioners and specialists.

In total, the CHUM receives more than 5000 university, college and vocational students and trainees who will go on to make their careers in nursing sciences, medicine, and all the other health-related fields. It also keeps records of all of the trainees.

**SUMMARY OF TEACHING ACTIVITIES
NUMBER OF PRACTICUMS AND EQFT (EFT)**

	No. practicums	EQFT
MEDICAL PRACTICUMS¹		
University		
Medicine—Clerkship	1.679	129.15
Medicine—Residency	5.070	390.00
Total	6.749	519.15
	No. practicum days	EQFT 247 days
PRACTICUM DAYS		
University		
Preclinical Medicine	6.105	24.72
Medicine—Continuing Education and Observation/ CMQ evaluation	1.695	6.86
Nursing	6.680	27.04
Health professionals (other than physicians and nurses)	15.826	64.07
Sub-total	30.306	122.70
CEGEP and High School		
Nursing	23.999	97.16
Health professionals (other than physicians and nurses)	9.935	40.22
Sub-total	33.934	137.38
Total	64.240	260.08

¹ For the purpose of this report, a practicum period lasts four weeks, for 13 periods annually.

Source: Teaching Division

RESEARCH

MAJOR SUPPORT FOR CARING AND HEALING

The results of research activities enable the development of new diagnostic, therapeutic, predictive, curative or preventive tools, for the good of our patients and the general public.

The CHUM research centre (CRCHUM) is a leader in health research in Canada. It brings together almost 350 researchers. Its basic and clinical research funds amount to almost 60 million dollars per year. Among the some 1200 people who make their careers there, over 400 are preparing a master's dissertation, a doctoral thesis, or are in postdoctoral training.

Our researchers publish hundreds of scientific articles and participate every year in dozens of national and international conferences and symposia, thus contributing to the progress of knowledge and the efforts of the international scientific community.

A YEAR RICH IN ACTIVITIES, EVENTS AND NOTABLE MEDICAL BREAKTHROUGHS

- Launch of construction work on the new CRCHUM.
- Inauguration of a clinical trial unit at the Jeanne-Mance pavilion.
- Under the direction of **Dr. Pavel Hamet**, inauguration at the CRCHUM of the largest cohort of the CARTa-GÈNE project, a vast public survey on health determinants (lifestyle, genetics, environment, nutrition) in Québec.
- Appointment of **Dr. François Lespérance** to the position of Assistant Scientific Director, clinical research.
- Recognition of the abbreviation "CRCHUM" by the Canadian Intellectual Property Office, as the official trademark of the research centre.
- **Dr. Jean-Pierre Pelletier** and **Johanne Martel-Pelletier** receive the 2010 King Faisal International Prize, in the Medicine category, for the quality and excellence of their work in the field of osteoarthritis.
- Development, by the team of **Dr. Gilles Soulez**, of a powerful software package that can decode 3-D images of abdominal aortic aneurysms (AAA) with surgical precision.
- Significant breakthrough in the use of stem cells (**doctors Samer Mansour and Nicolas Noiseux**).
- Worldwide marketing of the KneeKG, a device developed by **Jacques de Guise** for 3-D real-time analysis of the biomechanical function of the knee in motion and while bearing a load, which is not possible under X-ray or MRI.
- Launch of the Accord project (**Manon Choinière**), a unique research program on chronic pain.

- Development (**Dr. Parviz Ghadirian**) of a new classification of food products that enable more precision in the evaluation of the risk of contracting cancer.

MAJOR INFRASTRUCTURE SUBSIDIES (CFI):

- Bringing together basic, clinical and public health research to prevent and treat diabetes, metabolic syndrome and their complications.
Mark Prentki, Director \$15.6 M
 - Innovations in cardiovascular imaging and image-guided therapies to improve patient management.
Gilles Soulez, Director \$10 M
 - Platform of innovative research in musculoskeletal health engineering.
Jacques de Guise, Co-director \$1.4 M
 - Nine CFI Leaders projects. *Shao-Ling Zhang, Moishe Liberman, Anne-Marie Mes-Masson, Yves Berthiaume, Cécile Tremblay, Éric Troncy, Mohit Kapoor, Marie-Josée Hébert, Jacques de Guise* \$6.1 M
- TOTAL** **\$33.2 M**

RESEARCH THEMES

Cancer
 Cardiometabolic
 Infection, immunity, inflammation
 Musculoskeletal diseases
 Neurosciences
 Risks to health
 Global health
 Healthcare systems and services

The eight research centre themes were established according to the clinical activities carried out at the CHUM. More information on the fields of the researchers for each of the themes can be found at www.chumontreal.com, Research Centre, Research Themes.

HEALTH PROMOTION

HUMAN BEINGS IN THEIR UNIVERSALITY

Innovative projects took the limelight in 2009–2010, thanks to the creativity of members in the Health Promotion Division.

HEALTH EDUCATION

The goal of therapeutic education is to help patients take charge of their own care. It is thus part of a continuum of activities that goes from providing clear information to patients about their examinations, care and treatment, to their development of skills to take care of themselves. In the scope of its mandate, therapeutic education is the focus of the Health Promotion Division's activities. Health education primarily targets the acquisition of knowledge and skills by the patient, going beyond the reason for the person's stay at the hospital. For example, it could include encouraging a patient to quit smoking during the pre-surgery evaluation.

In 2009–2010, the Health Promotion Division began setting up an information and education program on our patients' health, in cooperation with the Patient-Centred Groups Division, the Nursing Care Division, the Communications Division and the Teaching Division. The program reflects our commitment to become a health promoter through health promotion activities with our patients and their loved ones. These activities consist of providing the information that enables them to understand their state of health and to take account of their needs.

The program is built around an intranet portal (under development), consisting of information pages for patients. A number of pages have been produced, in collaboration with clinicians from various sectors, and supported by a team of professionals that includes writers, graphic artists and evaluative research specialists. The pages deal with subjects such as screening, prevention, pathologies and their treatment. Such sources of information enable our patients to better understand their disease and the factors affecting it, increasing their ability to become involved in managing their own health.

HEALTH PROMOTION

The goal of health promotion is to increase the control of individuals and communities over their own health. In large part inspired by the 1986 Ottawa Charter, the CHUM uses a number of strategies to promote health, providing individuals and communities with more means for them to progress toward better physical and mental health, while taking the social environment into account. We hope to see an evolution in the concept of health, with it becoming not simply the absence of disease, but an overall state of well-being, integrating both the physical capacity of individuals and personal and social resources.

Health promotion is not restricted to recommending the adoption of lifestyles favouring good health and the absence of disease. Because it targets the overall well-being of the individual and her community, it is a product of close cooperation between the health and social services network and the community.

THE HEALTHY WEIGHT MANAGEMENT PROGRAM

This program, which began in February 2010, was developed in partnership with a nutritionist from the Radio-Oncology Service and was addressed to the employees of our three institutions. Forty-six participants took part in a holistic approach to adopt healthy lifestyles and healthy weight management, with the accent on stability and well-being. A series of 12 weekly group meetings, accompanied by personalized exploration, helped participants become more conscious of the notions of tasting, moving, accepting and being, as well as understanding their own role in reaching a stable weight and in their path toward physical and mental health. With reflection, presentations and workshops, the participants are able to take a look at their own situations so as to find better solutions and to take action.

THE BIRTHING CENTRE

At the CHUM birthing centre, the implementation of the activities of the centre of excellence in health promotion continues. An interdisciplinary health promotion committee, set up in January 2010, meets monthly to establish action priorities and to contribute to developing communication materials. With respect to the latter, three communication channels are being set up: a television screen in the waiting room, the website, and brochures, which will soon be available on the intranet portal. These measures will increase the access of clientele and their loved ones to information. All the actions taken are based, in part, on the results of the various studies carried out with the clientele between 2009 and 2010 (portrait and needs).

Health promotion activities for employees were also organized for the winter of 2010. Their mobilization remains the primary issue in this aspect of health promotion at the birthing centre.

THE NEW *ENSEMBLE, VERS LA SANTÉ!* PROJECT (TOGETHER TOWARDS HEALTH!)

In September 2009, the Health Promotion Department, in partnership with the Information Management and Quality Performance Division, instituted *Ensemble, vers la santé!*, a program to promote well-being that uses a participatory and collective approach, with the Housekeeping Service employees of the Saint Luc and Hôtel Dieu hospitals. In conjunction with the managers, the employees filled out a questionnaire about their lifestyles (diet, physical activity and tobacco use), as well as how they manage their day-to-day lives (stress factors). The questionnaire results were submitted to the team, which then established a program based on the participants' desires to change some aspect of their lives. Each participant met with a health educator to establish a personal objective. The program, which ran over 12 weeks, 30 minutes per week, enabled everyone to acquire practical knowledge about nutrition, stress management and physical activity. The degree of participation and appreciation is a clear demonstration of the program's success. Having teams participate right from the first steps of a project and in the decisional process is a winning formula! The second phase, planned for 2010–2011 within entire units, will target a wide range of staff (physicians, nurses, professionals, office staff, etc.).

The Health Promotion Division is particularly active with our employees, organizing a Health Week, a fun fair, informational stands to raise awareness about subjects such as the dangers of too much sun, the Percé Rock challenge, as well as a number of lectures, including one entitled *Quand la marmaille nous met en boîte*, about developing healthy behaviours in children.

ASSESSMENT OF HEALTHCARE TECHNOLOGIES AND INTERVENTION METHODS

FOR QUALITY CARE

All the CHUM's departments are called upon to surpass themselves every day, in clinical research, teaching and in provision of services.

Our managers sometimes have difficult technological choices to make. In order to remain innovative while ensuring quality and safety, the Assessment of Healthcare Technologies and Intervention Methods Division assists the hospital's decision-makers in improving care by helping them make optimal technological choices. Assessments are carried out on instruments, devices, drugs, medical and surgical procedures, support techniques, activities with patients and the organization of care and services.

THE THREE GUIDELINES

- Improvement of the public's health
- Partnership with all those involved
- Sharing the results of assessments

ASSESSMENTS CARRIED OUT IN 2009–2010

- Trans-anal endoscopic microsurgery
- Hybrid operating rooms
- Cost-effectiveness analysis of bedpan washers and hygienic bags
- Da Vinci robot-assisted surgery in oncological gynaecology

Concurrent to the activities described previously, the Assessment of Healthcare Technologies and Intervention Methods Division participates regularly in the *Enjeux et pratiques* (issues and practices) workshops of the Agence de l'évaluation des technologies et des modes d'intervention en santé.

ON THE WEB

The scientific activities and reports produced by the Assessment of Healthcare Technologies and Intervention Methods Division are available in French at www.chumontreal.com, by clicking on the *Notre équipe* tab, then on *Les directions*, and then *La Direction de l'évaluation des technologies et des modes d'intervention en santé*.

OUR DEPARTMENTS

ANAESTHESIOLOGY

THE CHALLENGE OF HIRING AND KEEPING STAFF IN A TIME OF SHORTAGES

The level of excellence and expertise of our members in the front-line sectors of anaesthesia make the CHUM a desirable place to do a postdoctorate.

The anaesthesiology department is renowned for the excellent service it provides to patients, helping them get through their surgical ordeal as comfortably and safely as possible. Pain management, both before and after surgery, is a major challenge, and the team works to develop options to provide optimal support in a context in which, increasingly, surgery is performed on an outpatient basis.

The Acute Pain Service (APS) works with the clinician researchers in the Department to design and validate protocols to continue pain control at home.

Once again this year, the department is receiving postdoctoral fellows in neurosurgical anaesthesia. To do so, it has developed a support structure to respond to the rising demand of postdoctoral fellows in locoregional anaesthesia and liver transplants.

A NUMBER OF PUBLICATIONS IN CLINICAL RESEARCH

- Neurosurgery
- Locoregional anaesthesia
- Liver transplant

PERINATALITY

A NEW OBSTETRICAL FOLLOW-UP CLINIC

In September 2009, the Perinatal Service of the CHUM opened a new pregnancy monitoring clinic, under the responsibility of general practitioners.

This new clinic aims to improve accessibility to primary care for pregnant women in the territory covered by the Jeanne-Mance CSSS. It also has the objective of exposing our medical clerks to the role played by the family physician, such as in obstetrical practice, where the approach is more holistic and less interventionist.

The Perinatal Service is also involved in two important programs to improve the quality of care, in conjunction with our Gynecology-Obstetric Department.

QUARISMA (Quality of Care, Management of Obstetrical Risks and Birthing Mode in Québec)

This multicentre project aims to improve the quality of care to a low-risk clientele, while reducing numbers of C-sections. Since it was established, we have noted a reduction in the use of continuous foetal monitoring and induction for post-term pregnancies. For more details, consult <http://www.sogc.org>, on *Our Projects* tab, then *QUARISMA*.

MORE^{OB} (Managing Obstetrical Risk Efficiently)

This program has been established in most hospitals in Québec where babies are delivered. It integrates patient safety, professional development and performance improvement for caregivers and administrators. It promotes training in multidisciplinary teams. For more details, go to <http://moreob.com>.

Another goal of the new clinic is to encourage more students to choose obstetrical practice in family medicine. Ultimately, it is our youngest patients who will benefit.

SURGERY

SIGNIFICANT PROGRESS

The joint medical-surgical team is very active in clinical research, participating with the anaesthesiology team in a number of national and international clinical trials on immunosuppression and blood transfusions during liver transplants.

In order to better assess treatment for liver cancer, the creation of a tissue biobank (now under development) will enable translational research to be carried out to study molecular and cellular factors that can influence therapeutic decisions and resistance to chemotherapy or biotherapy.

The liver transplant program is very present in university activities, notably in the training of residents and postdoctoral fellows and in the medical training of surgeons and gastroenterologists in Québec, as well as other health professionals working with this specific clientele.

DISTINCTIONS

Dr. Jean-Baptiste Lattouf obtained a research grant from the Fonds de la recherche en santé du Québec (FRSQ). For a number of years, Dr. Lattouf has been studying clear cell renal cancer. His objective over the next four years is to discover the genes that regulate arborization and cellular invasion in this type of cancer. He believes that these genes may be biomarkers of aggressiveness.

Thanks to the use of microarray techniques, the researcher is able to use a selection of genes that should lead to increasing knowledge about this type of cancer. His long-term goal is to determine markers of aggressiveness and, ultimately, to explain the biological role of these markers in the neoplastic cascade that unfolds during tumorigenesis.

In addition, Dr. Jean-Baptiste Lattouf set up a fresh tissue bank for research projects on kidney cancer, which has been approved by the CHUM's scientific and ethics committees.

Dr. André Robidoux received the prestigious NSABP Lifetime Achievement Award from the National Surgical Adjuvant Breast and Bowel Project (NSABP), attributed to researchers who have made an exceptional contribution to the numerous successes of the NSABP in Canada over the years. He was also appointed as the Principal Liaison Officer for the NSABP in Canada, which makes him responsible for, among other things, the development of the NSABP in Canada. The award and the title are recognition of his hard work and a mission accomplished successfully. The team of surgeons and researchers who contributed in one way or another to this mission are doctors Ginette Martin, Erica Patocskai, Edgard Nassif, Claude Potvin, Maté Poljicak and Rami Younan. We also wish to point out the intense work and sustained motivation of his assistant, Nicole Tremblay.

Dr. Réal Lapointe, Chief of the Hepatobiliary and Pancreatic Surgery Service, was actively involved in publication of a document on the resectability of hepatic metastases of colorectal origin. Published in both French and English, this educational document provides professionals working in oncology with a precise summary of current probative data and practical advice to help determine which patients are eligible for resection and those who could benefit the most from such an intervention.

Dr. Richard Mouffarège, plastic surgeon, wrote three chapters of a new educational manual on breast augmentation.

The team of **Dr. Martin Desrosiers**, ORL at our research centre won first prize for the best abstract in the rhinitis, sinusitis and immunotherapy category at the prestigious annual meeting of the American Academy of Allergy, Asthma and Immunology. **Dr. Roberto Castano**, postdoctoral student in Dr. Desrosiers' laboratory, carried out this innovative work that, for the first time, linked the genes associated with cancer and inflammatory sinus disease. It was the second time the research team was recognized this year, having also been awarded a first prize in basic research from the American Rhinologic Society in the fall.

Dr. Moishe Liberman, thoracic surgeon, obtained full funding from the CFI Leaders Opportunity Fund for his research into diagnostic ultrasound techniques for pulmonary parenchymal pathologies, more specifically, his system of minimally invasive endoscopic ultrasound for the diagnosis and treatment of lung cancer in the framework of the research and clinical trials. The project will have considerable technological and clinical spinoffs, and will benefit the healthcare system and patients.

Dr. Alain Bouthillier's courage and determination enabled him to reach the summit of Aconcagua, in Argentina, in January 2010. The expedition's objective was to raise funds for epilepsy research.

A NEW INSTRUMENT IN THE RENAL AND PANCREATIC SURGICAL TRANSPLANT SERVICE

Tissue and organ ischemia and reperfusion injuries are of concern during vascular surgery, revascularization and transplantation. This is what led **Dr. Jacques Malaise** of the Renal and Pancreatic Transplant Surgery Service to procure a pulsatile perfusion device, which eliminates vascular resistance more effectively than with a non-pulsatile device, and even more again than with simple conservation on ice. Toxic metabolites can thus be eliminated and, through the uptake of nutrients, use of an oxygen transporter is no longer necessary. In 2009, the medical literature confirmed that there were major and positive benefits from this technique.

The effect on micro-vascularization is translated by a reduction in the late function of the renal transplant, which requires the use of post-transplant dialysis, or by a decrease in the duration of this dialysis, if it is necessary. The technique markedly reduces the failure of transplants over the first year. The benefits are more visible in the case of marginal donors or cardiac death donors, where the late function is much more frequent. This means a reduction in the cost of care, not only during the first year of the transplant, but even up to 20 years later.

It is through the great generosity of the volunteers of Hôpital Notre-Dame that we were able to acquire this cutting-edge equipment. We are deeply grateful to them.

MEDICINE

ULTRA-SPECIALIZED CARE

In collaboration with the other departments, the Medical Department contributes very significantly to ultra-specialized care.

For many years, the Nephrology and Hepatology services have had a strong transplantation program. A few years ago, Québec's only lung transplant program was added to it. In 2009–2010, 93 kidney transplants, 56 liver transplants, 31 lung transplants, six kidney-pancreas transplants and one kidney-liver transplant were performed.

This intense activity requires dedicated medical teams. To improve effectiveness and to foster exchanges, **Dr. Marie-Josée Hébert** runs a program to harmonize the links among the hospital centres that perform transplantation, both those of McGill University and *Université de Montréal*. In addition, to improve service to patients, **Dr. Catherine Girardin** and her team have set up a program to facilitate monitoring of transplant patients in hospital centres close to their homes.

REPUTATION

The reputation of a university hospital is almost always based on the result of the research that emerges out of the talent, the practice, the passion and the perseverance of its researchers. The events of 2009–2010 are confirmation of this.

- In March 2010, **Dr. Jean-Pierre Pelletier** and **Johanne Martel-Pelletier** of the CRCHUM and the Rheumatology Service received the 2010 King Faisal International Prize, in the Medicine category. Since the creation of the prize in 1976, only two Canadians have been thus honoured. The prize recognizes almost 30 years of research into osteoarthritis, a disease that affects 65% of people aged over 59. As Dr. Jacques Turgeon, the director of CRCHUM stated, the awarding of the prize is proof that the laureates, like the other researchers of the CHUM, are part of a global elite.
- In 2007, **Dr. Bernard Brais**, a neurogeneticist in the Neurology Service, who runs the CRCHUM's neurogenetic laboratory, described a new form of muscular dystrophy. Since then, with his team, he has discovered the genetic abnormality responsible for this new form of muscular dystrophy and he published his results in February 2010. In July 2009, **Dr. Alexandre Prat**, neurologist and director of the CRCHUM's neuroimmunology laboratory, published a study on the aetiology of multiple sclerosis, carried out in collaboration with U.S. and German research groups. The study looks promising for a treatment that will limit the autoimmune reaction.
- In October 2009, **Dr. Vincent Poitout** and his team of students studied the mechanisms through which fatty acids modulate the function of the β cells in the pancreas responsible for insulin synthesis and secretion. The team sought to determine the cellular and molecular mechanisms of inhibition of the insulin gene by fatty acids. For his work, Dr. Poitout received the Young Scientist Award from the Canadian Diabetes Association, presented at the last world congress of the International Diabetes Federation.

RECRUITMENT

A very eloquent sign of the Department's activity and its desire to move forward is the preparation, orientation and support of future recruits. This year, there were six departures, retirements or deaths, and 31 new physicians hired in the Medical Department. Not only are these recruitments important, they mean that everyone must receive additional training. The vitality and quality of recruitment in the Medical Department speaks to our dynamism and our constant search for excellence.

RELATIONSHIPS WITH THE PATIENT

Contact with patients is, above all, a personal matter, based on receptiveness, comprehension, empathy and respect. The aspect of information becomes increasingly important because sources of information are multiple and variably reliable, and because the medical field is complex. To respond to these needs, a number of members of the Medical Department participate in continuing medical education at symposia and conferences, and also through publications geared to the general public. What follows are a few notable examples.

- In November 2009, the cardiology service held cardiovascular diseases awareness days. They included workshops, lectures, personal reports and a booth to assess people's cardiovascular risk profile, where visitors could get their blood pressure taken and their fat and sugar levels measured.
- **Dr. François Reeves**, cardiologist, published a book entitled *Planète Coeur*, in which he examined the relationship between cardiovascular disease and the environment.
- The subject of cancer is also important in our dialogue with our patients. In March, the superregional breast cancer interdisciplinary team, of the *Centre de lutte contre le cancer* (centre for cancer control), organized two breast cancer awareness days. Over the two days, visitors could meet with a range of people working in the field. They could learn about the assessment protocol and the care provided to patients with breast cancer. There were lectures on topics such as current treatment, research and impacts on sex life. The quality of the event was reflected in significant media coverage and the presence of over 20,000 visitors.
- Transplantation plays an important role in our ultra-specialized activities. To initiate those involved in the health field to transplantation, **Dr. Michel Pâquet** organized a conference in the spring of 2010.

PREVENTATIVE MEDICINE AND PUBLIC HEALTH FOR THE PUBLIC'S WELL-BEING

The CHUM's Department of Preventative Medicine and Public Health is made up of physicians and dentists who work for the *Institut national de santé publique du Québec* (INSPQ—Québec's public health institute) and the *Agence d'évaluation des technologies et des modes d'intervention en santé* (AETMIS— the Québec government agency responsible for health services and technology assessment). These organizations work in Québec in collaboration with Canadian and international partners.

The mission of the INSPQ is to “support Québec's Minister of Health and Social Services, regional public health authorities, and health and social services institutions in carrying out their public health responsibilities, by offering its expertise and specialized laboratory and screening services.” The mission of the AETMIS is complementary, in that it supports the Minister of Health and Social Services and the decision-making authorities of the Québec healthcare system “through the evaluation of health technologies and the different intervention methods in healthcare, through the evaluation of their efficiency, safety, costs and the ratio between costs and efficiency, as well as the evaluation of their ethical, social and economic implications.”

To put it plainly, the physicians and dentists of the Department work at understanding and monitoring the public's health. They provide opinions with respect to health promotion and disease prevention. Their expertise is necessary when there are epidemics of infectious diseases or cases of environmental contamination. They also assess the performance of our healthcare system.

MANDATES OF THE ASSISTANT COMMISSIONER FOR APPRAISAL AND ANALYSIS

The role of the Assistant Commissioner for appraisal and analysis consists of conducting the process to assess the performance of the health and social service system for the Québec Health and Welfare Commissioner. The mandate includes developing an appraisal process for the Commissioner's performance, coordinating the determination of performance monitoring indicators, and consultation with experts, decision-makers and citizens, as well as drafting an orientation document published by the Commissioner. The Assistant Commissioner must also submit two reports appraising the performance of the health and social services system, including recommendations for improving its performance, to Québec's Minister of Health and Social Services.

The 2009 report dealt with primary healthcare, and that of 2010 dealt with chronic disease care and services. The reports were disseminated in the media and throughout the healthcare network, tabled before Québec's National Assembly and debated in the legislature.

The role of the Assistant Commissioner also includes representing Québec in the Commonwealth Fund's international health policy survey and coordinating the publication of two reports comparing Québec to a group of participating countries in the 2008 survey, which dealt with people requiring greater need of care, and the 2009 survey on primary healthcare providers. The Assistant Commissioner's mandate ensures major visibility for research into primary care. It provides a framework for the management of chronic diseases in Québec, and for Québec to be represented in organizations that study the performance of healthcare systems in Canada and diverse European and Asian countries.

EMERGENCY MEDICINE

THE INFLUENZA A (H1N1) PANDEMIC

The influenza A (H1N1) pandemic was one of the major worldwide events of 2009–2010. Our emergency wards were confronted with this pandemic, but thanks to the cooperation of all our professionals and our collective desire to find the best solution for patients and the organization, we met the challenge brilliantly.

The stakes were high: ensuring that patients who were potentially infected would not come in contact with uninfected patients. Every day, some 400 patients pass through the doors of the CHUM emergency wards. Among those who were infected with the H1N1 virus, some had received an organ transplant; others were undergoing chemotherapy or were dealing with complex chronic diseases. The other challenge was working around the continual threat that a significant proportion of our staff could become incapacitated. Thanks to incredible teamwork, in the space of a few weeks we succeeded in developing a plan to remain operational.

When the pandemic hit, we were ready. The first patients would test our capacity to adapt rapidly to the new methods of operation. Everyone respected the orders, which was essential to our success. Every day, we had to adapt to new directives and changes in material.

Luckily, the pandemic was less virulent than anticipated, but while it lasted, everyone concerned mobilized—emergency physicians, specialists on the floors, nurses, clerks, orderlies and pharmacists—and proved how effective they could be.

RADIO-ONCOLOGY

ACHIEVEMENTS THAT BENEFIT THE PATIENT

The Radio-Oncology Department had a very busy year, full of activities to improve its operational capacity and to provide the best to our patients.

ENCOURAGING INTERDISCIPLINARITY

One of the important achievements of the steering committee of the CHUM's Radio-Oncology Department for 2009–2010 was the creation and setting up of a structure that operates through interdisciplinary committees. The primary goal of this new structure is to encourage cooperation among all members of the Radio-Oncology Department to help it reach its strategic objectives, related to each component of the CHUM's mission: quality of care and services, research, teaching, health promotion, technologies, and the organization of clinical work.

The committees are made up of representatives from the various disciplines pertaining to radio-oncology. They meet regularly to define, operationalize and evaluate the measures that will enable the annual strategic objectives set by the steering committee (department head, chief of medical physics in radio-oncology, administrative coordinator, clinical-administrative co-manager of the haematology-oncology group) to be reached, with respect to the relevant component of the mission. Through the intermediary of the people jointly responsible for the six groups, the steering committee monitors the progress of measures prioritized and publishes an annual assessment.

REGIONAL PROJECT TO OPTIMIZE WORK PROCESSES

Since February 2010, the CHUM's Radio-Oncology Department has participated with the three other radio-oncology centres on the island of Montréal (MUHC, HMR and the JGH) in a project to optimize work processes. The main objective is to reduce patients' waiting times and to increase the rate of use of existing infrastructure. Reaching these objectives depends on a strategy to improve quality and processes that make use of Lean Healthcare methodology, which requires the participation of employees, continuous improvement and elimination of activities with no value added for patients receiving treatment at the radio-oncology centre.

Through demonstrations, workshops, group exercises and other measures at the four centres, the Raymond Chabot Grant Thornton firm coached the CHUM through this large-scale project. Despite a tight deadline, the four centres set ambitious but realistic objectives to increase the proportion of activities with value added for patients, while reducing wait times. The primary tools to measure the effectiveness of our processes and the effect of the changes are in development (guidelines). They are slated for implementation over the coming year.

VIRAGE: FOR PEOPLE WITH CANCER AND THEIR LOVED ONES

The **Virage** organization offers families and their loved ones a number of services and activities, such as individual and familial psychotherapy sessions, workshops to help them deal with the disease, art therapy, massage therapy (in a chair or on a massage table), yoga sessions, wigs, scarves, hats, and breast prostheses. The organization also runs the *Amazone* kinesiology program for women with breast cancer during their chemotherapy and radio-oncology treatments.

This year, the **Virage** volunteers did 3885 hours of work. Their valuable support enabled a documentation centre for patients to be set up, to provide them with information about the various resources at their disposal. **Virage**, in collaboration with the Jason fund, provides financial support to a dozen young people aged between 16 and 30.

CARR CLINIC (clinic for rapid access to radiotherapy)

The Radio-Oncology Department set up a palliative radiotherapy clinic to eliminate two problems: multiple appointments and delays before treatment begins. Patients who require palliative radiotherapy are mainly in pre-terminal or terminal phases, with limited life expectancies. Their condition can deteriorate rapidly and delays often compromise the possibility of receiving treatment. These patients are also all suffering, and their symptoms and pain are only partially relieved by medical treatment. Sometimes, the symptoms are completely resistant to treatment and patients continue to suffer. Delays thus significantly affect their quality of life. Their symptoms and pain can also limit their mobility. It is therefore better to reduce the number of their displacements as much as possible.

The goal of the palliative radiotherapy clinic is to ensure quick access, or for consultation, planning and treatment to be done the same day. A physician ensures the triage of palliative cases and identifies those requiring more rapid treatment. Moreover, a caseworker-coordinator working at the clinic is responsible for the centralized management of consultation requests as well as managing the clinic's hours, planning and treatment.

The clinic was established in December 2008 and more than 610 patients have been treated there to date. The following objectives have been reached:

- Facilitation of access to palliative radiotherapy treatment;
- A decrease in waiting times for assessment and treatment of patients who require palliative radiotherapy;
- Improvement in the overall quality of care to patients suffering from metastatic cancer and in collaboration and communication with the attending physicians;
- Coordination of the efforts of the various workers involved (physicians, nurse navigators, pharmacists, social workers);
- Promotion of research into the control of pain and symptoms of cancer patients.

CYBERKNIFE™

One of the highlights for the CHUM's Radio-Oncology Department in 2009–2010 was the acquisition of the CyberKnife™ and putting it into operation. This instrument is used for stereotactic/radiosurgery treatment, i.e., the administration of high doses of radiation with extreme precision, which saves the adjacent healthy organs. The treatment is referred to as “non-invasive” because it does not require external immobilization, unlike other specialized stereotactic radiotherapy devices. Another advantage is that of providing the possibility of treatment for certain patients who are not eligible for conventional treatment techniques. As the patient's well-being is central to our activities, we believe that this acquisition is a major asset that can be added to the range of services already provided by our department.

We receive requests for treatment from all over Québec and the rest of Canada. This realization is the result of consummate multidisciplinary collaboration and a prodigious amount of work carried out brilliantly by the members of the Radio-Oncology Department and colleagues from a variety of specialties, including radiology, neurosurgery, thoracic surgery, pulmonology and gastroenterology. It contributes to providing better service to people in Québec and the rest of Canada and helps the CHUM improve the quality of care to patients with cancer. In addition, the acquisition has led to the creation of a research program, in relation to to the pursuit of our teaching and research missions.

The CyberKnife™ is unique in Canada. It was first put into operation on June 24, 2009. By the end of the financial year, over 610 patients have been treated for numerous tumour subsites (neurology, pulmonary, palliation, head and neck, spine).

BIOCHEMISTRY

EXPERTISE IN THE SERVICE OF OUR PATIENTS

During the financial year 2009–2010, the Biochemistry Department developed its expertise in a number of fields, as proven by its numerous publications and distinctions.

DISTINCTIONS

- **Dr Bernard Vinet:** Award for Excellence in Research, from the American Association of Clinical Chemistry (AACC) and the Canadian Society of Clinical Chemistry (CSCC), 2009.
- Dr Bernard Vinet: Award for the best poster, AACC-CSCC meeting, 2009, Chicago.

PUBLICATIONS

- Brown J.-P., **Albert C.** et al. *Bone turnover markers in the management of postmenopausal osteoporosis.* Clin. Biochem. 2009; 42(10-11): 929-42.
- **Radwan, Farouk** et al. *Effects of a Diet Higher in Carbohydrate/Lower in Fat Versus Lower in Carbohydrate/Higher in Monounsaturated Fat on Postmeal Triglyceride Concentrations and Other Cardiovascular Risk Factors in Type 1 Diabetes,* Diabetes Care 2009; 32: 1597-1599.

TEACHING

In 2009–2010, the members of the Biochemistry Department were very involved in teaching, in particular, in receiving numerous trainees.

- Nine trainees in medical laboratory techniques;
- One foreign trainee from the pharmacy faculty of Université de Rennes, France;
- Eighteen residents from clinical biochemistry, medical biochemistry, endocrinology and nutritional medicine, *Université de Montréal.*

LECTURES

- **Dr. Jean-Pierre Émond.** Full day short course, *Serum protein electrophoresis.* AACC–CSCC meeting, Chicago, 2009.
- Dr. Jean-Pierre Émond. *Analyses du liquide céphalorachidien (Cerebrospinal fluid analysis).* Continuing education, Association des biochimistes cliniques du Québec.
- **Dr. Éline Letendre.** Pharmacy Department, Nephrology Service and Nursing Division, CHUM.

- Dr. Éline Letendre. Family Medicine departments in the following institutions: Hôpital Jean-Talon, Hôpital Fleury, Hôpital du Haut-Richelieu, Centre hospitalier d'Amos, Cité-de-la-Santé de Laval, Hôpital de Roberval, Hôpital de Chicoutimi, Hôpital de Dolbeau and Hôpital Le Gardeur.
- Dr. Éline Letendre: Family Medicine departments in the following institutions: C.H.R. de Lanaudière, C.H. de la Mauricie, Hôtel-Dieu de Sorel and the Department of Clinical Nutrition of the *Université de Montréal*.
- Dr. Éline Letendre: Société des sciences vasculaires du Québec, Association des médecins omnipraticiens de la Mauricie and Société québécoise d'ophtalmologie.
- Dr. Éline Letendre: CME day for general practitioners from the Montérégie, Montérégie pharmacists' symposium, Association des médecins-gériatres du Québec, CSSS Ahuntsic continuing medical education committee, and the Clinique de médecine familiale Sorel.

OUR RELATIONSHIP WITH OUR PATIENTS

Screening centre instructions are translated into four languages (English, Spanish, Italian and Mandarin) to help patients with limited or no French understand them and to improve the quality of the samples to be analyzed.

STOMATOLOGY

EXPERTISE AND LEARNING IN ONE PLACE

Our Stomatology Department, whose mission is caring and teaching, receives over 9000 visits per year, making it the largest hospital dental centre in Québec.

In this field, the CHUM is the exception to the rule, because very few French hospital centres have a dental centre. The department is also the largest supraregional centre in maxillofacial prosthodontics, completely dedicated to head and neck oncology. The expertise of the Stomatology Department is unique and unequalled among all the university and non-university hospital centres. Its role within the hospital is justified by its active collaboration with other medical specialties, such as ORL and radio-oncology, to reach the goal that everyone at the CHUM works toward: high-quality care for patients.

The Department participates in training undergraduate and graduate students, as well as dental medicine doctoral students. This year, the Stomatology Department received seven multidisciplinary residents and students from the fourth-year surgical practicum program, exposing them to a diversity of cases that only a major hospital centre like the CHUM can offer.

Stomatology is a superspeciality, which deals with replacing missing tissues from the mouth and face using artificial substitutes.

ENDOCRINOLOGY

A CLINIC SPECIALIZING IN ADRENAL PATHOLOGIES

Run by doctors Isabelle Bourdeau and André Lacroix, endocrinologists, this specialized clinic is unique in Canada.

Patients throughout Québec who are battling adrenal tumours, adrenal cancer, Cushing's syndrome, primary hyperaldosteronism, pheochromocytoma, paraganglioma, congenital hyperplasia of the adrenal glands or Addison's disease are directed to our clinic.

The intense activity at our clinic and our international reputation marked the 2009–2010 financial year.

- Designation as a quaternary centre for adrenal tumours in Québec's cancer control program.
- Specialized investigations in gene medicine of adrenal cancers, pheochromocytoma, and paragangliomas. (**I. Bourdeau**).
- Catheterization of adrenal veins and petrosal sinuses in angioradiology.
- Specialized imaging investigations (radiology and nuclear medicine) in the biochemistry/endocrinology laboratory for dosage of blood mitotane (the only centre in Canada), catecholamine and other hormones.
- New developments in therapy, including new drugs to treat Cushing's disease, such as cabergoline and pasireotide, chemotherapy for adrenal and pheochromocytoma/malignant paraganglioma cancers (**A. Lacroix, I. Bourdeau, H. Olney**), laparoscopic surgeries and extensive resection (urology and hepatobiliary surgery).

Our specialized clinics and our research activities enable us to receive many residents and postdoctoral fellows in a number of specialties.

HONOURS (A. LACROIX)

- Novo-Nordisk Award for best speaker, 2010, Dutch Endocrine Annual Meeting, Noordwijkerhout, Netherlands, January 2010.
- Member of the organizing committee of the International Congress of Endocrinology, Kyoto, Japan, March 2010.
- Member of the editorial board and editor-in-chief of the Adrenal section of *Up to Date in Endocrinology* (2006 to date).
- Consultant on the editorial board of *Hormone and Metabolic Research* (January 2010 to date).

PUBLICATIONS

- Lampron, A., Bourdeau, I., Oble, S., Godbout, A., Schurch, W., Arjane, P., Hamet, P., and Lacroix, A. *Regulation of aldosterone secretion by several aberrant receptors including for GIP in a patient with an aldosteronoma*. J Clin Endocrinol Metab. 94:750-756, 2009.

This is the first demonstration through an *in vivo* and *in vitro* study that the secretion of aldosterone by adrenal tumours could be regulated by aberrant receptors abnormally expressed in these tumours. This new mechanism, which explains renin-independent secretion in primary hyperaldosteronism, is important because this pathology is responsible for 10% of cases of high blood pressure in humans.

- Hsiao, H-P., Verma, S., Nandagopal, R., Boikos, S.A., Bourdeau, I., Keil, M.F., Robinson-White, A.J., Kirschner, L.S., Lacroix, A., and Stratakis, C.A. *A Molecular and Clinical Genetic Investigation of ACTH-independent Macronodular Adrenal Hyperplasia Compared to Other, Common Adrenocortical Tumors: Evidence for Heterogeneity Overlap with Other Tumor Syndromes and Frequent but Atypical Hormonal Secretion*. *J Clin. Endo Metab.* 94: 2930-37, 2009.

Our preliminary studies demonstrating that the expression and abnormal function of several ectopic or aberrant receptors in bilateral macronodular adrenal tumours and hyperplasias responsible for hypocorticism (Cushing's syndrome) have been confirmed in the major study carried out by the National Institutes of Health (NIH), United States. Our research protocol on aberrant receptors was applied to the population of patients monitored by the NIH over the past five years and confirms the presence of diverse aberrant receptors in this pathology.

INVITATIONAL LECTURES (DR. A. LACROIX)

- *Aberrant hormone receptors: new insights in the molecular mechanisms of excess steroids in adrenocortical tumors*. Annual meeting, Society of Comparative Endocrinology, Québec, May–June 2009.
- *Aberrant hormone receptors in primary aldosteronism*. Symposium on progress in primary aldosteronism 2009, Munich (Germany), July 2009.
- *Molecular mechanisms of excess steroids in adrenocortical tumors: role of aberrant hormone receptors*. Endocrine Grand Rounds Division of Endocrinology, Padova, Italy, July 2009.
- *Aberrant hormone receptors in adrenal Cushing's syndrome and primary aldosteronism: clinical and genetic aspects*. Cameron-Gilmour Medical Grand Rounds, University of Manitoba, October 2009.
- *The adrenal mass*. Meet-the-professor session, Annual scientific meeting, Canadian Society of Endocrinology and Metabolism, Montréal, October 2009.
- *Aberrant hormone receptors in adrenal overfunction*. Novo-Nordisc Plenary speaker 2010. Annual meeting of the Dutch Endocrine Society, Noordwijkerhout, Netherlands, January 2010.
- *Effects of Cushing's syndrome on the brain and brain function*. Cushing's Support and Research Foundation, National Cushing Education Day, San Francisco, United States, February 2010.
- *ACTH-independent Cushing's syndrome*. Meet-the-professor session. International Congress of Endocrinology, Kyoto, Japan, March 2010.

PALLIATIVE CARE

EXTRAORDINARY END-OF-LIFE SUPPORT FOR PATIENTS

The mission of the palliative care unit is to provide support to patients, their families and the care teams, to efficiently organize end-of-life care for patients, to ensure follow-up with medical-surgical specialties and to provide comfort focused on the well-being of the patient, in particular, the relief of pain.

The palliative care unit has existed since 1979. The rapid development of the field of oncology and the deterioration in the condition of patients at the end of their battle against the cancer led to the establishment of palliative care, mainly for oncological patients. In fact, today the unit comes under purview of the cancer program at the CHUM and its presence is important for the recognition of the supraregional status of that area of specialization. The vocation of palliative care is nevertheless much broader than oncology and concerns the comfort of patients across all the major specialties, including cardiology, pulmonology, nephrology and neurology. The community of Montréal benefits from exceptional support that is widely recognized and the *Université de Montréal* can offer high-quality theoretical and practical teaching dealing with the problems of holistic and interdisciplinary end-of-life care to its students in medicine, nursing care, pharmacy, social work, spiritual care, etc. Teaching, research and outreach also are fundamental to this unit. To ensure quality care, the volunteers, who accompany the patients and their families, must be trained by the *Fondation Palli-Ami*.

CLINICAL ACTIVITIES

The palliative care unit provides a presence and services at the three CHUM hospitals. However, at Hôpital Notre-Dame, most of its work is in oncology, where care is more developed because of the close link with the Oncology Department. The professionals in the unit carry out consultations in the hospital and the emergency ward, ensure joint follow-up, manage an outpatient clinic for follow-up care and a hospitalization unit with 13 beds, responding in part to the needs of Hôpital Notre-Dame, and the two other institutions. A medical team made up of ten physicians, two nurse navigators and a care team for the hospitalization unit (nurses, nurse's aids, social workers, spiritual care providers, music therapists, massage therapists, psychologists, volunteers) ensures follow-up and service.

TEACHING

The palliative care unit also has teaching responsibilities. In 2009–2010 this meant course loads, participation in pre-med examination juries, and tutoring palliative care. In addition, the unit also makes a dozen scientific presentations and provides continuing medical education, in the form of five training sessions to practicing physicians throughout the year, in the scope of accredited continuous educational activities.

CONTRIBUTING TO THE CHUM'S REPUTATION

Several members of the team contribute to the CHUM's reputation, not only throughout Québec and the rest of Canada, but also abroad, by publishing books and articles in specialized journals and newspapers. Their numerous presentations at symposia, conventions, and scientific events as well as their lectures to the general public and their televised presentations also contribute to the CHUM's renown.

Dr. Serge Daneault, a specialist in community health, ensures palliative homecare with Des Faubourgs CLSC. An investigator funded by the CIHR (2009–2010), he is responsible for research within the Service and delves into the notion of “the wounded healer.” He has also contributed to a number of scientific journals, including *Healthcare Policy* as a reviser, since 2009.

FONDATION PALLI-AMI

The palliative care unit benefits from the support of the *Fondation Palli-Ami*. The organization contributes to the comfort to those receiving care and provides exceptional support to some 60 volunteers who have been specially trained, and who play an important role in the lives of patients. Their training is an important component in the activities of the *Fondation Palli-Ami*, which published the *Manuel de formation des bénévoles en soins palliatifs*, a training manual for palliative care volunteers, available at no cost. This training tool is useful everywhere in Québec where palliative care is provided and accompanied by volunteers.

The *Fondation Palli-Ami* also picks up the costs related to the comfort of patients at the CHUM (television, therapeutic chairs, music therapy, etc.), and helps in the operation of the outpatient clinic (provision of appropriate examination tables). Through its help, the palliative care unit remains a welcoming environment for patients and their families, and the professionals see their work supported in a useful manner.

OUR HOSPITAL

THE NEW CHUM

March 30, 2009—Official launch of the Request for Proposals phase for construction of the CHUM at a press conference. "We will build a university hospital centre that reflects our talent and our ambitions," stated Premier Jean Charest, adding, "An innovative and ultramodern hospital centre that will be at the service of not only Montrealers, but all Quebecers. It will continue to be a leader in research and teaching."

Physicians, politicians and the entire CHUM community were delighted with this commitment. "We no longer have to talk about our hospital in the conditional tense," exclaimed the Chair of the Board of Directors, Me Patrick Molinari. Taking advantage of the occasion that he qualified as historic, the Chair of the Board of Directors praised the physicians and everyone else who works daily at the CHUM, "from cafeteria employees to stretcher bearers, from pharmacists to nurses, who all," he stressed, "show an uncommon sense of commitment."

April 2009—The demolition of 333, rue Saint-Antoine left the site ready for construction of the CHUM research centre. Much of the demolition material was recycled. For example, the steel and aluminum was smelted, and the stone was crushed, re-cut or re-polished for other uses. Material was sold to suppliers for re-use, all of which meant that the CHUM could affirm that the demolition was carried out in respect of the environment.

May 4, 2009—Meeting of those responsible for the CHUM's technological sector and members of the health technologies industry, in order to discuss their respective expertise in the hospital care of the future. The event was organized at the request of the Association de l'industrie des technologies de la santé, which promotes access to safe and innovative technology designed by some of its members. Its directors were interested in discovering the role technology will play at the new CHUM. Marjan Yazdanpanah, Technology Consultant and member of the *nouveau CHUM* team, told an audience of the initiated about the technological vision underlying the new facilities. Looking forward into the CHUM's future, she made predictions about the evolution of technologies at the institution. Jean Huot, Director of Technological Resources, explained how the CHUM would make the transition to becoming a digital hospital.

May 19, 2009—Holding of a public consultation meeting to listen to submissions from community members concerned about the changes proposed to municipal bylaw no. 06-040 authorizing the establishment of the *Centre hospitalier de l'Université de Montréal* in downtown Montréal. Citizens and interest groups wanted to make their voices heard before the sector where the future CHUM is to be built was decreed a "special planning zone." Their concerns dealt exclusively with the proposed changes to municipal bylaw no. 06-040, adopted on May 26, 2008 following public consultations held in the fall of 2006.

Journalist Marc Laurendeau acted as meeting's chairperson. He stated that, thanks to transparent and fair rules of order, those who wanted to speak could do so completely freely. The topics were divided into three 30-minute blocks. The first dealt with the building's height, the density of the occupied space and the demolition of Hôpital Saint-Luc. The second dealt with the integration of CHUM into the urban fabric, and the bell tower of Saint-Sauveur church into the institution's architecture. The third block concerned parking and traffic.

May 2009—Creation of the group *Les amis du CHUM*. Proud that the CHUM is situated in their area, citizens of the Ville-Marie Borough and local development stakeholders combined forces to create *Les Amis du CHUM centre-ville*. The group's aim was provide a platform for people convinced of the positive spin-offs that the CHUM project could have on life in the district. Through this forum, members of the group are able to follow public opinion and help explain the various issues related to the project. The group is a logical continuation of the coalition formed in 2005 to support the establishment of the CHUM at 1000 St-Denis. That coalition included about 50 economic and community organizations, as well as businesses and citizens.

June 2009—Visit of an economic and political delegation from Bavaria interested in developing business projects in Québec. The medical sciences and technologies delegates expressed their desire to meet the Executive Director of the new CHUM in order to better understand the future characteristics, the particularities of the public-private partnership process and the provision of equipment in a technologically advanced hospital centre.

Fall 2009—Conference of French-speaking Witness software users in Paris. A team made up of the CHUM, Genivar and the MUHC presented the work carried out for the hospital centres during a conference held in Paris. In Québec, modelling is virtually unknown: it had never been previously used to prepare for the construction of a hospital centre. The CHUM is therefore a pioneer and it is this innovative experience that was shared in France. Witness is a process simulation software program created by the Lanner Corporation, which enables buildings such as hospitals to be designed and improved. This engineering tool, used by the CHUM team, used computer-generated models to simulate real processes. It also assists in validating the processes chosen or in finding better solutions to recognized problems.

January 2010—Continuation of workshops to choose the private partner for construction of the new CHUM. While the first series of workshops that have been held since April 2009 were set up to explain the technical and functional needs of the future CHUM, the sessions held at the beginning of 2010 handed over the floor to the bidders. They presented their preliminary proposals and demonstrated that they responded to the requirements laid out in the functional and technical program (FTP). The goal of the exercise was to furnish the proponents with an appraisal of the work being carried out so that they could return to their drawing boards, make whatever changes may be needed, and refine their proposals for subsequent workshops. The CHUM participants were mainly co-managers and service heads. More precise plans were presented, detailing each of the major sectors of the hospital, such as the hospitalization units and outpatient, diagnostic and therapeutic activities. In the future steps, planned for 2010 at the latest, nurses and orderlies, as well as other professionals were also to be invited to the discussion workshops. In the fall of 2010, thanks to everyone's hard work, the CHUM had two good proposals on the table. The challenge? Choosing the best!

March 25, 2010—The announcement of the choice of bidder selected by the new CRCHUM kicked off the CHUM modernization project and the opening of the construction site for its future research centre. Québec's premier, Jean Charest, accompanied by other dignitaries and our Executive Director, Christian Paire, took part in the ground-breaking ceremony. On the ground, the construction crews began by clearing out the interior of the building on Viger Street, which was then demolished. Over the summer months, cranes, backhoes and other heavy machinery carried out the assault on the block delimited by Viger, Saint-Denis and Saint-Antoine streets and the Ville-Marie highway access ramp. The work is slated to take over three years to complete.

OUR PRESENCE IN THE MEDIA

In the news, the CHUM stands out especially because of the achievements of those who make its reputation. Among the some 500 articles, files, television or radio reports in Canadian and international media that highlight the defining moments, some subjects generate a particularly sustained and often prestigious media coverage. The following are some of the main subjects that enabled the CHUM to stand out this year in the media.

2009

April

The event surrounding the launch of the Request for Proposals to build the future CHUM was covered by all of the Québec media and gave rise to numerous reactions from the general public, especially over the Internet (Me Patrick A. Molinari, Dr. Paul Perrotte and Serge LeBlanc).

Technological modernization of the CHUM Pharmacy Department and the deployment of automated single-dose dispensers. *Les années-lumière* program, Société Radio-Canada (Denis Bois and Lyne Constantineau).

Treatment of refractory depression by stimulation of the vagus nerve. Program *Découverte*, Société Radio-Canada. (Drs. André Bouthillier and Paul Lespérance, Élise Lagarde, nurse).

Influenza A (H1N1): the microbiologist-infection specialists of the CHUM and the *Fondation du CHUM's* travel clinic demystified the disease for the general public. Almost 20 interviews given on the radio (98.5 FM, SRC) and on television (TVA/LCN). (Drs. François Lamothe, Fernand Turgeon and Jean Vincelette).

May

A plastic surgeon from the CHUM reconstructed the face of a woman disfigured by a dog. TVA (Dr. Alain Danino)

Appointment of Christian Paire to the position of General Director of the CHUM. Over 30 neutral or positive mentions in the provincial medias.

June

Insular surgery: an innovative surgical technique gives hope to epilepsy patients. Canadian and US media including *La Presse*, *Le Journal de Montréal*, *ruefrontenac.com*, *CBC*, *USA Today*, *Los Angeles Times* and *Newsweek* (Drs. Alain Bouthillier, Ramez Malak and Dang Khoa Nguyen)

July

Surgical ablation of the ovaries increases the risk of lung cancer: results of the study carried out by Anita Koushik and Jack Siemiatycki. Canadian and international media, including the *New York Times* and the *Times of India* (Anita Koushik and Jack Siemiatycki)

August

Diffusion of the results of the *North American Opiate Medication Initiative* (NAOMI) study, published in the *New England Journal of Medicine*. Canadian and international media, including the *Wall Street Journal* and the *Los Angeles Times* (Drs. Suzanne Brissette and Pierre Lauzon).

September

Le CyberKnife™, the first robotic radiosurgery system for treating tumours noninvasively to be installed in Canada. Canadian media (Dr. Édith Filion).

Raising public awareness of organ and tissue donation. Greg Davis's bicycle tour wrapped up successfully at the CHUM. TVA (*Bonne nouvelle*) and CTV (Dr. Michel R. Pâquet).

Prostate cancer awareness days. Montréal media (Dr. Paul Perrotte).

La recherche en santé, a special report published in the newspaper *Les Affaires*: presentation of several health research projects being carried out at the CRCHUM (Drs. Pavel Hamet, Marie-Josée Hébert, Anne-Marie Mes-Masson, Diane Provencher and Guy Rouleau).

An explanation of the COMPARE-AMI clinical trial, on the use of immature stem cells after a first heart attack. Télé-Québec, *Le Code Chastenay* program (Dr. Samer Mansour).

October

Two episodes of the *Découverte* program dedicated to the realities of cancer: the experience of patients, therapies and innovative research avenues. Société Radio-Canada (Dr. André Robidoux and Jean Morin).

The new Director General, Christian Paire, met with Québec media. Almost 15 media outlets were present at the press conference to introduce the man, the visionary, the manager. Articles in the major print media, including *Canadian Healthcare Technology* (Me Patrick A. Molinari and Christian Paire).

The CHUM's Marcel & Rolande Gosselin foundation and the Thoracic Surgery Research Foundation of Montréal created a new chair to recruit an eminent thoracic surgeon and researcher, Dr. Moishe Liberman. Canadian and international media, including *The Financial Times* and the *National Post* (Dr. Moishe Liberman).

December

Special issue in the daily *Le Devoir* on *Les Entretiens Jacques-Cartier: Santé et vie publique : l'obésité est devenue un mal universel* (Dr. Lise Gauvin) – *Ville, université et entreprise : le savoir rend la ville dynamique* (Christian Paire and Guy Gélinau).

The VIH-TAVIE research project: evaluation of an on line computer tool to help people living with HIV. *Le Devoir* (José Côté and Geneviève Rouleau).

2010

January

Award of excellence in graphic arts from the Radiological Society of North America, bestowed on André Dubois. *Infopresse* (André Dubois)

February

King Faisal International Prize 2010: two internationally recognized Montréal researchers received the prize in the Medicine category for their work into osteoarthritis. Canadian and international media, including the *Arab News* (Dr. Jean-Pierre Pelletier and Johanne Martel-Pelletier).

March

The first breast cancer awareness days at the CHUM. Montréal media (Drs. Danielle Charpentier and Jean-Pierre Guay).

Launch of work on the new CHUM research centre in the presence of Premier Jean Charest, Yves Bolduc, Minister of Health and Social Services, and Monique Gagnon-Tremblay, President of the Treasury Board and Minister responsible for Public Administration. Over 60 positive mentions in provincial media (Christian Paire, Jacques Turgeon, Dr. Marie-Josée Dupuis).

AN INTERNATIONAL REPUTATION

THE CHUM, A WORLDWIDE LEADER

The CHUM is the largest francophone hospital centre in North America. Its research centre, the CRCHUM, is one of the best in Canada.

Our researchers publish the results of their work in respected international medical journals. Our most eminent physicians participate in national and international projects and are asked to lecture all over the world. And, as you will see in the following paragraphs, several of them made major medical breakthroughs that were recognized with prestigious prizes.

A study that made the cover of the *Journal of Neurosurgery* in June 2009, dealt with the research being carried out by the team of **Drs. Alain Bouthilier and Dang Khoa Nguyen**, neurosurgeons, on an old epilepsy treatment that has been improved through new technologies.

In May 2009, **Dr. Pavel Hamet**, researcher, professor, Canada Research Chair on Predictive Genomics and Chief of Gene Medicine Services at the CHUM, received the Masaryk award, bestowed every year on a Canadian personality of Czech or Slovak origin recognized for the body of their work.

In November 2009, at the annual meeting of the Canadian Fertility and Andrology Society, **Dr. Jacques Kadoch**, obstetrician-gynaecologist, received the Marinko M. Biljan Memorial Award, a new award given to a specialist in fertility who best demonstrates excellence in his or her clinical research.

November 2009 marked the launch of the original French version of *Parenting and Substance Misuse: A Multidisciplinary Challenge*, a book edited by **Marielle Venne**, CHUM birthing centre social worker, and Pauline Morissette, full professor and researcher at UdeM's social services school. It was written to respond to the scientific and clinical questions that professionals involved in health and social services and community networks ask when dealing with parents who abuse alcohol and drugs, and their children. The book is distributed in Europe in both French and English.

In April 2010, two eminent CHUM researchers, **Dr. Jean-Pierre Pelletier** and **Johanne Martel-Pelletier** holders of the research chair in osteoarthritis of the *Université de Montréal*, were the recipients of the prestigious King Faisal International Prize in the Medicine category. Instituted in 1979, the King Faisal prizes are awarded to exceptional people who have devoted their careers and lives to humanity and whose scientific work has had important international benefits. Nine former winners of this prize later went on to receive Nobel Prizes.

In January 2010, **Dr. Réal Lapointe**, Chief of the Hepatobiliary and Pancreatic Surgery Service, was appointed member of France's Académie nationale de chirurgie at its annual meeting in Paris, in recognition of his career and commitment to the surgical community of the French-speaking world.

Since January 2010, **Dr. Jacques LeLorier**, Chief of the CRCHUM's Pharmacoeconomics and Pharmacoeconomics Research Unit, and full professor in the departments of Medicine and Pharmacology of the *Université de Montréal's* Faculty of Medicine, has been a member of the Human Drug Advisory Panel (HDAP) of the Patented Medicine Prices Review Board.

In October 2009, **Dr. Vincent Poitout** received the Canadian Diabetes Association, Great-West Life, London Life, and Canada Life Young Scientist Award, which encourages researchers at the start of their careers, for his research into the regulation mechanisms involved in insulin secretion in diabetics. The researcher is Associate Scientific Director in Basic Research, and holder of the Canada Research Chair in Diabetes and Pancreatic Beta-cell Function.

The research team of **Dr. Martin Desrosiers**, ORL at the CRCHUM, won first prize for the best abstract in the rhinitis, sinusitis and immunotherapy category of the prestigious annual meeting of the American Academy of Allergy, Asthma and Immunology. **Dr. Roberto Castano**, postdoctoral fellow in Dr. Desrosiers' laboratory, carried out this innovative work that, for the first time, linked the genes associated with cancer and inflammatory sinus disease. It was the second time the research team was recognized this year, having also been awarded a first prize in basic research from the American Rhinologic Society in the fall.

In 2009, **Dr. Bernard Vinet**, of the Biochemistry Department, received the Award for Excellence in Research from the American Association of Clinical Chemistry (AACC) and the Canadian Society of Clinical Chemistry (CSCC).

Dr. André Robidoux received the prestigious NSABP Lifetime Achievement Award from the National Surgical Adjuvant Breast and Bowel Project (NSABP), attributed to researchers who have made an exceptional contribution to the numerous successes of the NSABP in Canada over the years. He was also appointed as the Principal Liaison Officer for the NSABP in Canada, which makes him responsible, among other things, for the development of the NSABP in Canada. The award and the title are recognition of his hard work and a mission accomplished successfully.

OUR PROFESSIONALS: OUR STRENGTH

Dedicated teams that make us proud, attest to our expertise, contribute to our renown and constantly improve the quality of care that we provide. Well beyond the concrete it is built of, the CHUM lives, firmly rooted in our healthcare network, here and now.

Over 17,000 people are directly or indirectly in the service of patients, at Hôtel-Dieu, Hôpital Notre-Dame, and Hôpital Saint Luc. Here is the breakdown:

- 887 physicians, dentists and pharmacists;
- 9315 employees in the following professions:
- 3909 nurses, nursing assistants, and orderlies,
- 1583 health professionals other than physicians and nurses,
- 338 managers,
- 3485 other employees;
- 1293 researchers, investigators and other members of the research centre;
- 5148 students and trainees;
- 575 volunteers (i.e., 95 fewer than last year because of the closing of the long-term care centre), who together volunteered for a total of 62,000 hours.

A number of people from different sectors have brought honour to the CHUM by awards they have received or very important books they have published.

Nicole Laurin, volunteer, received the Governor General's Caring Canadian Award in April 2009, rewarding her contribution to the CHUM community.

Nathalie Vallières, clerkship secretary in Obstetrics-Gynaecology and university director of clerkships in the CHUM's Teaching Division, received a diploma from the UdeM, in recognition of the quality of her work with the clerks of the Faculty of Medicine.

Jean Huot, Technological Resources Director at the CHUM and the MUHC, received, on behalf of his teams and TELUS Health Solutions, the prize in the Business Solutions–Software category at the Gala des OCTAS for the Oacis project, in April 2009. The OCTAS contest has been organized since 1987 by Réseau ACTION TI (formerly the Fédération de l'informatique du Québec).

Marie-Stéphane Rainville, speech therapist, received the first prize to be awarded by the École d'orthophonie-audiologie in April 2009, for the quality of her supervision of trainees and for her commitment to clinical teaching.

The CHUM transplantation team won an award for the most significant improvement in Québec of the rate of organ donors in 2008 compared to 2007. The award was presented on May 2, 2009, at the first joint forum of Québec Transplant and the Trillium Gift of Life Network.

Dr. Gisèle Hellou, intensive care surgeon, published a philosophical essay entitled *Complexité, systémique et herméneutique—Pour une philosophie pratique des soins intensifs* in the summer of 2009, which discusses the ontological, epistemological and methodological issues inherent in intensive care.

Dr. Jean Lucien Rouleau, cardiologist and member of the Board of Directors of the CHUM, received, in September 2009, the Henry Friesen Award for the quality and originality of his biomedical research work.

The CHUM received two honourable mentions at the annual awards of Québec's department of health and social services: one for the Québec campaign, *Together, let's Improve Healthcare Safety*, developed by Anne Lemay, assistant to the Director General, and the other program, *Main dans la main* (hand in hand), an innovative partnership between the CHUM birthing centre and the Director of Youth Protection (DYP) at the Centre jeunesse de Montréal-Institut universitaire. The program encourages early intervention with children who are born, or about to be born, into an environment in which the parents, and in particular the mothers, are dealing with a problem of alcohol or drug dependency.

Danielle Fleury, Director of Nursing, received the Céline-Goulet award from the alumni association of the Faculty of Nursing Sciences of the *Université de Montréal* in October. Every year, the award highlights the exceptional quality of one of its members who is distinguished by her or his passion for the profession, determination and perseverance in realizing innovative projects, as well as for the inspiration and sense of pride he or she arouses in fellow alumni and students in the faculty.

OUR PARTNERS

THE FONDATION DU CHUM: GENEROSITY, THE DRIVING FORCE FOR DEVELOPMENT

The *Fondation du CHUM* contributes to improved care, excellence in teaching and advances in research with a single focus: the patient.

For the *Fondation du Centre hospitalier de l'Université de Montréal*, 2009–2010 was one of consolidation and, despite the difficult economic context, was rich in achievements. Whether by organizing benefit activities, soliciting funds from generous donors or by participating in public awareness days, the *Fondation* keeps mobilizing to support the CHUM in its mission.

The results obtained encourage us to continue in the same direction that we have been going: to be much more than a partner to the CHUM, to be a genuine lever for development. The year just ended is like the preceding ones: full of change, innovation and challenges. The *Fondation* is also proud to have increased its net revenues by 55% in five years, the result of the work of an experienced team, the commitment of business people and the support of faithful donors.

HEALTH CARE AND PROMOTION: \$1,709,144

The *Fondation du CHUM* contributes to the acquisition of state-of-the-art equipment. It also supports programs to improve the quality of life of patients. The following are a few examples:

- The portable ultrasound for the Obstetric Department, which enables the position of the foetus to be determined and observed in its mother's uterus: \$31,924.
- The fluoroscopy system for the Gastroenterology Department, which produces moving images of the digestive tract, taken using an X-ray generator and a contrast substance: \$65,079.
- Six Edwards valves used to treat patients suffering from dysfunctional heart valves: \$102,000.
- Acquisition of teaching materials for residents in the Surgery Department: \$90,000.
- The “Rex by your side” program, set up in the summer of 2009, which enables 200 patients from the anticoagulation therapy clinic of the CHUM cardiology outpatient's centre to carry out the tests necessary for proper monitoring of their disease at home.

The *Fondation* participates actively in the CHUM's awareness-raising days. These days have the objective of informing the general public. They provide an opportunity for participants to undergo screening tests and to attend lectures given by professionals from the CHUM.

- Breast cancer, March 2010: \$25,000.
- Prostate cancer, September 2009: \$25,000.

RESEARCH: \$3,584,128

The *Fondation* gave \$1.25 million to the CHUM research centre (CRCHUM) to support its clinical, basic, evaluative and epidemiological research activities with respect to diabetes, cancer, Parkinson's disease, Alzheimer's, neurological diseases, etc. The spinoffs are directly related to care provided to patients and the fight against these diseases. The money donated also contributes to the recruitment of researchers, reinforcing the renewal of staff and the retention of young and promising researchers.

The *Fondation* provides additional amounts, especially in the following areas:

- Neuroimmunology and multiple sclerosis: \$189,467
- ORL: \$255,000
- Major burn care: \$221,136
- Cerebrovascular diseases: \$149,125

The *Fondation* also participates in funding research chairs at the *Université de Montréal*, which are held by physicians and other healthcare professionals from the CHUM: \$600,000.

A few concrete advances

- Muscular dystrophy: major discovery by **Dr. Bernard Brais** of the gene responsible for a new form of muscular dystrophy in adults.
- Diabetes: **Dr. Vincent Poitout** received the Canadian Diabetes Association, Great-West Life, London Life, and Canada Life Young Scientist Award, for his research into the regulation mechanisms involved in insulin secretion in diabetics.

TEACHING: \$1,130,549

Postdoctorate

Together, the *Fondation*, the Council of Physicians, Dentists and Pharmacists of the CHUM, the executive direction of the CHUM and the departments concerned give \$1 million per year for a continuing education and postdoctoral studies grant program. The *Fondation's* contribution was \$474,166, which helped fund some 20 postdoctoral grants. The grants are a factor in fostering high-quality teams at the CHUM. This form of outreach by the hospital centre enables it to attract some of the best physicians in the world.

Esculape Awards

Every year, the *Fondation* and the CHUM present some 20 Esculape Awards in recognition of the work of teaching physicians, who devote a great deal of time to teaching, often on a volunteer basis, and despite their busy schedules. This year, the *Fondation* invested \$15,000 in three major awards for clinical teaching:

- The Dr. Sadok Besrouer award, accompanied by a \$10,000 grant, presented to **Dr. Marc-Jacques Dubois**, intensive care specialist.
- Two clinical teaching awards from the *Fondation*, accompanied by a grants of \$2500 each, presented to **doctors André Denault**, intensive care specialist, and **Suzanne Leclair**, psychiatrist.

In 2009-2010, the *Fondation* gave \$6,423,821 to the CHUM:

- Health care and promotion: 26.6%
- Teaching: 17.6%
- Research: 55.8%

DONATIONS FROM INDIVIDUALS AND FAMILY FOUNDATIONS

\$250,000 AND OVER

Fondation J.A. DeSève
Estate of Gaétan Barry

\$100,000 TO \$249,000

Anonymous (1)
CHUM Council of Physicians, Dentists and Pharmacists
Fondation Antoine-Turmel
Fondation des pompiers du Québec pour les grands brûlés
Fondation Jean-Louis Lévesque
Fondation Lucie et André Chagnon
CHUM Cardiology Service

\$50,000 TO \$99,999

Mina Drimaropoulos
Estate of Claire Marguerite Irène Marchand
Estate of Réjeanne Dugas Doyon

\$25,000 TO \$49,999

Anonymous (1)
Paul Guy Desmarais
Fondation des Gouverneurs de l'espoir
Fondation J.B.J. Fortin
Fondation Jean B. Migneault
Leucodystrophies Foundation
Francyne Furtado
Luigi Liberatore
Dr. Robert Provencher
Estate of André Légaré
Estate of Edith Gervais
Estate of Edith Jacobson Low-Beer
Estate of Guy Lemieux
Sylvie Cataford and Simon Blais

\$10,000 TO \$24,999

Anonymous (1)
Dr. Yvan Boivin
Léonard Bolduc
Dr. Alain Bouthillier
Michel Campeau
Dr. Louise Charron
André Cyr
CHUM Radiology Department
Fondation Docteur Sadok Besrou
Fondation Jacques Francoeur
Fondation Paul A. Fournier
John Patrick Hui
Mireille Kermoyan

Johanne Labadens and Yvan Gagnon
Dr. Guy Leclerc
Carolle Morin
Estate of Juliette Ricard
Estate of Louise Tremblay

\$5000 TO \$9999

Anonymous (2)
Geneviève Biron
J.R. André Bombardier
State Council of the Knights of Columbus
Me Pierre Dozois
Fondation du Grand Montréal
Fondation Richelieu de Joliette
Fondation Sibylla Hesse
Stéfane Foumy
Alain Massicotte
Michel Richoz
Dr. Paul Perrotte
Ékram Antoine Rabbat
Gilbert Sansoucy
Soeurs de la Présentation de Marie du Québec
Estate of Carmine Fabiello
Estate of Hervé Dansereau
The Birks Family Foundation
The Jack Herbert Charitable Foundation
Arnaud Vial

\$2500 TO \$4999

Jocelyn Boucher
Daniel Dubeau
Fondation Denise et Robert Gibelleau
Fondation Entre-Voisins
Serge Godin
Gilles Henrichon
Peter W. Hutchins
Catherine Jodoin
Tasia and Photios Kalantzis
Rosemary Maratta
Marcel H. Poirier
Maryse Robillard
Carole St-Charles
Dr. Jean Vincelette

\$1000 TO \$2499

Anonymous (5)
Rollande C. Archambault
Dr. Alexis Armour
Alain Assouline
Jean-François Babin

Hedwidge Barbeau
Dr Raphaël Bélanger
Dr Charles Bellavance
Laura Benoît
Suzanne Bergeron
Dr. Christina Bernier
Dr. Marc Bilodeau
Hélène Bissonnette
Me Suzanne P. Boivin
Dr. Pierre Bourgouin
Benoit Brière
Madeleine Brunelle Gravel
Dr. Jean-Paul Brutus
Norma Cadelli
Richard Chartier
Ka Tsun Cheung
Dr. Sylvain Chouinard
Dr. Hugo Ciaburro
Dr. Hélène Clairmont
Serge Cloutier
Fleurette Corbeil
Dr. Louis A. Corriveau
Jean-Baptiste Côté
Robert Courval
Gaston Couture
Michael D'Ambra
Hubert D'Amours
Dr. Alain Danino
Dr. Michèle De Guise
Michel Décary
Daniel Desjardins
Rita Desjardins Baril
Paul Desmarais Jr.
Antoinette Distilio
Richard Dorval
Yen Du
Dr. Louise Duranceau
Canadian-Italian Community Foundation of Québec
Fondation Famille A. Pizzagalli
Farha Foundation
Fondation Jean-Louis Tassé
Dr. Alain Gagnon
Annie Gascon
Raymond Gaudet
Louis Giguère
Benoit Goyet
Noëlla Goyet
Pierre Goyet
Daniel Gravel
Paul-André Guillotte
Marguerite Hayes

Monique Héroux
Hanh Huynh Thi
Dr. France Joyal
Dr. André Lacroix
Robert Lafond
Marguerite Lafontaine
Gilles Lafrance
Albert Lallouz
Francine Lalonde
Dr. Maxime Lamarre Cliche
Kathy Lamb et Allan Sklar
Monique Lampron Hamel
Dr. Gérard Landry
Roger Laporte
Antonio Larouche
Dr. Mikhael Laskine
Dr. Yvon Laterreur
Serge LeBlanc
Gisèle Leboeuf
Esther Leclerc
Manon Lefebvre
Jean Lemay
Les Frères Maristes
Daniel Lévesque
Cioc Loan
Gisèle Loiseau
Rose Longpré
Arnold Mahoney
Pierre Michaud
Liboria Mule Triassi
Jacques Nadeau
Nathalie Nahmiash
André Pageau
Dr. Jacques Papillon
Johanne Pelletier
Daniel Perreault
Albert Piché
Frank Pigeon
Réal Plourde
Georges Pouliot
Claire Proulx
Rémy Rabbat
Raymond Richard
Richard & Edith Strauss Canada Foundation
Marie D. Roberge
Jean-Claude Rompré
Dr. André Roussin
Louis-Charles Routhier
André Savard
Michel Savaria
CHUM Hepatobiliary and Pancreatic Surgery Service

CHUM Dermatology Service
Benjamin Shirazipour
Albertina V. Silva
Soeurs des Saints Noms de Jésus et de Marie du Québec
Dr. Denis Soulières
Angèle St-Jacques Landry
Teresa Storto
Estate of Jean Chabot
Samir Trak
Dr. Cécile Tremblay
Rita Tremblay Samoïsette
Gilles Trudel
Dr. Fernand Turgeon
Dr. Luc Valiquette
Maria de Jesus Viana
Jean-Luc Vigneault
Marie-Crystelle Viti

\$500 TO \$999

Anonymous (19)
Lyne Andoney
André Angéllil
Jean-Luc Arseneau
Henri Audet
Dr. Jean-Paul Bahary
Dr. Fadi Basile
Dr. Paul Bayardelle
Lise Beauchamp
Marc Beauchamp
Nicolas Beaudin
Mimi Beaudry Losique
Steve Bellavance
Sylvie Belzile
Claude Benoit
Robert Benoit
Mahmoud Bensalem
Georges Bergeron
Michel Biron
Ivan Bisaillon
Thierry Bissonnette
Suzanne Blanchet
Jean-Claude Bleau
André Boismenu
Denis Boudrias
Aline Boulanger
Denis Bouliane
Gilles Breton
Jean-Pierre Brunet
Tony Castronovo
Gilles Charest
Cindy Chartier

Dr. Jean-Louis Chiasson
Jean-Pierre Coallier
Dr. Isabelle Coiteux
Congrégation des Petites Filles de St-Joseph
Nicole Cossette
Viviane Cossette
Samira Courgi
Annie and Jean-Claude Courtes
Dr François Coutlée
Bernard Couvrette
Carole Crevier
Dr. Pierre Daloze
Diane D'Amato
Dr. Patrick D'Amico
Georgette de Repentigny
Chantal Deleuil
Dr. Benoit Deligne
CHUM General Medicine Department
Dominic DeVeaux
Edward Dodds
Louiselle Dubé
Denis Dumas
Me Jean-André Élie
Epilepsie-Aconcagua
Dr. Jean Ethier
Kamal Farag Rizkalla
Jean-Guy Faucher
Dr. Pasquale Ferraro
Georgette and Willy Feyen
Panayote Flessas
Fondation Laure-Gaudreault
Robert Forest
Dr. Claude Fortin
Lise Fortin Paquet
Chantal Fournier
Madeleine Gagnon
Denise Gaudet
Dr. Christiane Gaudreau
France Généreux
Marc Généreux
Anne Geoffrion
Christiane Germain
Carmen L. and Magella Girard
Serge Gloutnay
Denis Goyet
Martine Goyet
Pantcho Gueorguiev
Michael Haas
Jacques Hamel
Henriette Hardy
Dr. Patrick Harris

Me Pierre Hébert
Johan Heuvel
Renée Houde
Jo-Anne Hudon
Helena Silvia Inacio
Dr. Emmanuelle Jourdenais
Ludger Joyal
Jean-Paul Labelle
Lise Lafortune
Fernand Lalonde
Michel Lamarche
Dr. François Lamothe
Dr. Judith Latour
Marc Laurendeau
Jean-François Lavigne
Jean Le Menn
Gérard Lebeau
Jean-Pierre Lebel
Vanessa Leblanc
John LeBoutillier
Dr. Louise-Hélène Lebrun
Monique Leclair
Dr. René Lecours
Christine Lefrançois
Dr. Louis Legault
Dr. Claude Lemieux
Jean C. Lemieux
André Lemire
Marc-André Lemire
Lillian Léonard
Me René Leroux
Dr. François Lespérance
François Lessard
Normand Levac
Mark Long
Jean Macleod
Bensalem Mahmoud
Dr. Michèle Mahone
Danielle Marleau and Jean-Pierre Robert
Jacques Martin
Raynald Masse
Thérèse Mauger
Patrice Meloche
Lise Messier Brouillette
Erwin Miller
Dr. Nicholas Newman
Joanne Noël
Jacques Normand
Elias Noujaim
Nawal Noun
Normande Olivier

Jean-Paul Ouellet
Hélène Pagé
Benoit Paré
Dr. Roch Parent
Dr. Jean-Victor Patenaude
Pauline Patulli
Gaston Pelletier
Dr. Denis Phaneuf
Sam Muoi Phung
Pierre Pinard
Giuseppe Pircio
Alain Plante
Dr. Michel Poisson
Dr. Ignacio Prieto
Georges Quentin
Yves Racicot
Dr. Eugenio Rasio
Ginette Raynault
Jean-Jacques Richard
Sylvie Riel
Marielle Riendeau
Hugo Rivard-Royer
Nancy Robertson
Dennis Rodgers
Dr. Michel Roger
Dr. Danielle Rouleau
Carole Roy
Jean-Marc Saint-Hilaire
Jacques E. Samson
CHUM Psychiatry Service
Pierre Shedleur
Janick Simard
Soeurs de Sainte-Anne du Québec
Mark Stamm
Dr. Pierre St-Antoine
Dr. Lise St-Jean
Louise St-Laurent
Werner Stolper
Serge St-Vincent
Estate of Aimée Bédard
Estate of Yvon Desmarchais
Michèle Teasdale Lebeau
Alain Tellier
Jean Thompson Beauchamp
Dr. Emil Toma
André Tranchemontagne
Jean-Paul Trépanier
Jacques Turgeon
Raynald Turgeon
Renaud Vigneault
Denis Villiard

Sylvain Villiard
Dr. Florence Weber
André Zanga
Jack Zwibel

DONATIONS FROM BUSINESSES AND BUSINESS FOUNDATIONS

\$500,000 and over

Anonymous (1)
Bell Canada

\$250,000 TO \$499,999

Astellas Pharma Canada Inc.
Hoffmann-La Roche Ltd.
Medtronic of Canada Ltd.

\$100,000 TO \$249,999

Abbott Vascular
Johnson & Johnson Medical Products

\$50,000 TO \$99,999

Anesthésie CHUM HND
National Bank of Canada
EMD Serono Canada Inc.
Fondation de la CCAM
GlaxoSmithKline
Janssen-Ortho Inc.
Mylan Canada
Novartis Pharma Canada Inc.
Pfizer Canada Inc.
Provincial Medical Supplies Limited
Sanofi-Aventis Canada Inc.
Schering-Plough Canada Inc.
Servier Canada Inc.
Smith & Nephew Inc.

\$25,000 TO \$49,999

Anonymous (1)
Montréal Port Authority
Allergan Inc.
Association des hépatologues de Montréal
Boston Scientific Ltd.
Emergis
Enertrak Inc.
Hydro-Québec
Abbott Laboratories Ltd.
PharmaLogic P.E.T. Services of Montréal
Telus
Wyeth Canada Inc.

\$10,000 TO \$24,999

Anonymous (2)
AstraZeneca Canada Inc.
Bracco Diagnostics Canada Inc.
Brault & Martineau
Constructions de Mausolées Carrier Inc.
Centre national multisport - Montréal
Collège des médecins du Québec
Draximage
Éditions Art Global
Fédération des Caisses Desjardins du Québec
Fondation Maison de Rêves
Genzyme Canada Inc.
Innovaderm Recherches Inc.
Jarry Bazinet
Loto Québec
Merck Frosst Canada Ltd.
Philips Healthcare
Placements Martin Couture Inc.
Raymond Chabot Grant Thornton
RBC Foundation
SNC-Lavalin Inc.
Société des alcools du Québec
Société des médecins du CHUM
Sorin Group
Stryker
Tyco

\$5000 TO \$9999

Anonymous (2)
AGFA inc.
Alcon Canada Inc.
Beckman Coulter Canada Inc.
Biotronik Canada Inc.
Boehringer Ingelheim (Canada) Ltd.
BPYA Architectes en consortium
Caisse de dépôt et placement du Québec
Cima +
Baxter Corporation
Courchesne Larose Ltd.
CSL Behring Canada, Inc.
Eli Lilly Canada Inc.
Fédération des médecins spécialistes du Québec
National Bank Financial Group
Génivar Inc.
Heenan Blaikie
Léger et associés, radiologistes
Lenovo Canada
Logibec Groupe Informatique Ltd.
McKesson Canada
Métro Richelieu Inc.

Microserv
Monette Barakett Lawyers S.E.N.C.
Novo Nordisk Canada Inc.
Pomerleau Inc.
Quebecor Inc.
Roche Diagnostics
Saputo Inc.
Société générale de financement du Québec

SPONSORS

Ameublement Machabée
National Bank of Canada
Cima+
CIM-Conseil en Immobilisation & Management
Constructions Alain Marcil Inc.
Fondation Brault & Martineau
Groupe Jean Coutu (PJC) Inc.
Groupe Transbus Inc.
IBM Canada Itée
J. L. Machabée et Fils
Lenovo Canada
Marché Charette Inc.
McKesson Canada
Medtronic du Canada
Microserv
Pharma Canada
Pierre Dagenais & Fils Inc.
Service de fonds académique
SITQ Inc.
SNC-Lavalin Inc.

Our sincere thanks to every individual, business and foundation that has made a donation to the *Fondation du CHUM*. We do our best to ensure that the information published is correct. Please contact us if you have a correction to make. Call 514 890-8077, extension 36192. Thank you for your support!

EVERY DONATION COUNTS

- Epilepsy research: **Dr. Alain Bouthillier**, CHUM neurosurgeon, accomplished the double feat of raising funds and reaching the summit of Mount Aconcagua: \$65,695.
- People with breast cancer: \$1381 from the Collège d'Anjou.
- Research on leucodystrophies led by **Dr. Bernard Brais**, neurogeneticist: \$33,337 from the *Fondation sur les leucodystrophies*. This grant is the second instalment of the total donation of \$150,000 and will enable Dr. Brais, who discovered a new form of leucodystrophy, to analyze DNA samples that could lead to the discovery of the defective gene.

- Radio-Oncology Department: a painting by the artist Gilles Bossé, from **Dr. Robert Provencher**.
- Creation of a database on cerebral vasculitis: \$40,000 from the *Fondation des Gouverneurs de l'espoir*, as a portion of its pledge of \$80,000.

TIMELESS GENEROSITY

- Medical research into breast cancer, microbiology, orthopaedics, gynaecologic-oncology and endocrinology (type 2 diabetes): \$550,000 over the past 12 years from the *Fondation J.B.J. Fortin*.
- Care to major burn victims and research into the treatment of serious burns: \$1,300,000 over the past 10 years from the *Fondation des pompiers du Québec*.
- People suffering from amyotrophic lateral sclerosis (ALS): \$95,000 over the past three years by the *Fondation Jean B. Migneault*.
- Future CHUM: \$125,000 over the past five years from the HVAC equipment distributor, Enertrak.
- Future CHUM: \$500,000 from Bell, a portion of a \$5 million pledge.

PROFITABLE ACTIVITIES

The *Fondation du CHUM* organizes prestigious events throughout the year. They are unique opportunities to raise the maximum of funds to contribute to the well-being and quality of life of the CHUM's patients while having a great time.

- Gourmet banquet: \$571,844
- Golf classic: \$1,379,077
- Benefit show starring André-Philippe Gagnon: \$480,125
- Participation of the *Fondation* at the Montréal International Auto Show (MIAS) Charity Preview in 2010: \$74,152.

santevoyage.com
foundationduchum.com

The *Fondation* finances itself through the revenues it earns from a variety of complementary initiatives.

- **Clinique Santé-voyage:** in 2009, it was the first clinic in Québec to provide vaccinations against shingles. It also offers a complete range of vaccinations and services for travellers, in addition to all the basic vaccinations.
- **Centre d'évaluation de santé:** equipped with technologically advanced equipment, it provides complete medical checkups as well as aftercare.

All donations to the *Fondation* are given to the CHUM to provide the best care to patients.

THE RUIS OF THE *UNIVERSITÉ DE MONTRÉAL*
AN IMPRESSIVE NETWORK OF COOPERATION

As the principal hospital centre for adults affiliated with the *Université de Montréal*, the CHUM is central to the Integrated university health network of the *Université de Montréal* (RUIS de l'UdeM).

In addition to the CHUM, this impressive network of cooperation brings together other hospital centres affiliated with UdeM, its four health faculties, as well as a number of other partners. The members of the network work together to improve access to ultra-specialized care in their territory and to advance the three components of the university health mission: teaching, research and the assessment of technologies and intervention methods. Three million Quebecers are served by the territory of the RUIS de l'UdeM, which covers six regions: Lanaudière, Laurentides, Laval, Mauricie, the northeast of the Monterégie and the east of the island of Montréal.

Throughout the 2009–2010 financial year, the RUIS de l'UdeM, through its numerous committees, moved a number of large-scale projects forward, and the CHUM played a central role. The Director General serves as the Vice-president of the RUIS de l'UdeM, and from among the 300 members of the committees, 25 executives, physicians and other professionals at the hospital contribute to it every day.

Some of the activities of the RUIS de l'UdeM in 2009–2010:

- Case management of acute myocardial infarction;
- Deployment of a teleconsultation and tele-information network;
- Set up of a centre to coordinate requests for transfers and training;
- Home telecare pilot project;
- The digitalization of radiological examinations throughout the territory;
- The creation of a centre of expertise in chronic pain management;
- The promotion of collaborative practice groups;
- The diffusion of best practices in geriatrics;
- The development of a culture of assessment of technologies and intervention methods throughout the network.

In addition, in May 2009, the RUIS de l'UdeM held its first forum, entitled *Ma force, mes réseaux*, a day that brought together some 200 actors and partners of the network.

More information can be found on the RUIS de l'UdeM's site, at www.ruis.umontreal.ca

THE FACULTY OF MEDICINE OF THE *UNIVERSITÉ DE MONTRÉAL*: A FRONTLINE PARTNER

The Faculty of Medicine of the *Université de Montréal* is constantly interacting with the CHUM and its research centre. Through its hospital centres and affiliated institutes, the Faculty accomplishes a significant portion of its mission to improve health by providing healthcare services to the public.

The Faculty has almost 25,000 graduates in all the health sectors, and trains half the healthcare professionals in Québec. A major force in the field of research, the Faculty receives more than 60% of the research funds allotted to the *Université de Montréal*.

The following are partnership projects carried out over the financial year as well as a list of the major appointments, distinctions and publications that contribute to the CHUM's renown.

PARTNERSHIPS

NutriUM and the CHUM

The staff of the nutrition resource centre at the *Université de Montréal*, (NutriUM), under the direction of **Nathalie Jobin**, director of nutrition and scientific affairs, **Myriam Géhami**, nutritionist and clinical instructor, and **Dominique Dagenais**, coordinator of the clinic and other members of NutriUM, in partnership with the CHUM's Health Promotion Division, unites its efforts in its projects.

NutriUM provides coaching services on nutrition and food through its three entities: the extenso.org website, the university nutrition clinic (CUN) and workshops in the Nutrition Department (ADN). NutriUM's mission is based on three principles: teaching, prevention and research in the field of nutrition.

International Health Unit

The mission of the International Health Unit (IHU) is to contribute to improving the health of people in developing and transitional countries, as well as bringing the University's activities to the international stage through the work of professors and researchers from many departments. Launched in 1989, the unit has worked with the CHUM since 2000 and, through its many foreign missions, contributes to the CHUM's international reputation. The year 2009 was the 20th anniversary of the IHU, which carries out a number of projects in partnership with the CHUM:

- Global Health Research Capacity Strengthening Program/Programme interuniversitaire de formation en recherche en santé mondiale (GHR-CAPS/PIFRSM);
- Project to build the capacity of nurse-midwives in the N'Galiema clinic, in the health zone of Gombe, Democratic Republic of Congo;
- Project to build a decentralized health system in Mali;
- Annual public health days, held in March 2010, including a series of workshops on developing capacities, and on comparing international experiences with that of Québec;
- Project to support the strengthening of the health management capabilities of IHU/UdeM in the context of the earthquake in Haiti in January 2010.

RENOWN, AWARDS AND APPOINTMENTS

The people cited hereafter have clinical responsibilities at the CHUM and are also present at the *Université de Montréal*.

Dr. Jean-Pierre Villeneuve, professor of the UdeM's Medical Department and Chief of the CHUM's Hepatology Service, received a gold medal from the Canadian Association for the Study of the Liver.

Dr. Andrée Boucher, Assistant Dean in continuing education and professional development, won the Donald Richards Wilson Award, given jointly by the Royal College of Physicians and Surgeons of Canada (RCPSC) and Associated Medical Services, in recognition of her work at the Faculty of Medicine. It is the first time that the award has been given to a member of a Québec university.

At its convention in November 2009, the Association of radiologists of Québec, awarded the Albert-Jutras prize to **Dr. Guy Breton**, physician, radiologist and Executive Vice Rector of the *Université de Montréal*. Every year, this prize rewards a radiologist who has led a remarkable career in a hospital or university environment, or in any other field of activity.

Dr. Moishe Liberman was recruited to head the new Marcel & Rolande Gosselin Chair in Thoracic Surgical Oncology at the *Université de Montréal*.

Daniel Lamarre, full professor at the Institute for Research in Immunology and Cancer (IRIC), was appointed holder of the Novartis/Canadian Liver Foundation Hepatology Research Chair.

Dr. Cécile Tremblay, professor in the Microbiology and Immunology Department, was appointed holder of the Pfizer chair in clinical and translational research into HIV.

Rafik-Pierre Sékaly, professor at the *Université de Montréal*, investigator at the CHUM research centre and Scientific Director of the Vaccine and Gene Therapy Institute of Florida, published, in collaboration with the researchers of the National Institutes of Health (NIH) and the MUHC, the results of a study in *Nature Medicine*. These results could very soon contribute to broadening the therapeutic arsenal in the fight against HIV.

The largest-ever clinical trial of patients with type 2 diabetes showed that the combination of treatment to lower blood pressure and intensive glucose (blood sugar) control improved vascular condition in patients and resulted in an 18% reduction in risk of death from any cause. The principal investigator in the study, **Dr. Pavel Hamet**, professor at the Faculty of Medicine and Chief of Gene Medicine services at the CHUM, published his results in the journal *Diabetes Care* and presented them at the Diabetes Federation's 2009 Congress.

In a report presented on *Découverte*, broadcasted on Radio-Canada, **Dr. Paul Lespérance**, professor in the Psychiatry Department and Director of the psychiatric neuromodulation unit of the CHUM, observed the effects of implanting a neurostimulator in a 53-year-old patient suffering from refractory depression, for whom drugs appeared to be ineffective. A minidisc, installed under the skin by **Dr. Alain Bouthillier**, neurosurgeon at the CHUM, sends weak electrical currents towards an electrode wrapped around the vagus nerve (beside the carotid) to stimulate certain regions that can reduce or heal the symptoms of depression.

OUR FINANCIAL STATEMENTS

GOOD GOVERNANCE

The team of the CHUM's Financial Resources and Economic Partnerships Division is one of the largest in the health and social services network, a status that comes with certain responsibilities. In fact, university hospital centres have a duty to provide leadership in all areas, including administration.

For the past seven years, the CHUM has conformed to the budget targets set by Montreal's Health and Social Services Agency. "When you are responsible for managing nearly 750 million dollars in expenses, which represents the combined budgets of the hospital centre and the research centre, you have a duty, as a team, to ensure good governance," says Jocelyn Boucher, Assistant Director General—Administration, Financial Resources and Economic Partnerships. "To accomplish this, productivity is tracked very closely. We adopted an internal control mechanism to help us reach stated objectives, and we produce very specific, transparent information on a timely basis. These decision-making tools are very much appreciated by managers."

A YEAR OF RATIONALIZATION

Throughout the financial year 2009–2010, the CHUM undertook a review of the services it offers, which it had begun in the spring of 2008, following the recommendation of the Council of Physicians, Dentists and Pharmacists, and taking into account an eventual transition toward two institutions. The process consisted of applying rationalization measures to all of our activities, which are mainly of a clinical nature, reviewing our priorities and concentrating on our missions.

TO THE DIRECTORS OF *CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL*

The enclosed financial information is drawn from the Annual Financial Report of the *Centre hospitalier de l'Université de Montréal* as at March 31, 2010, for which we have issued on this date our auditor's report, hereinafter.

In order to better understand the financial position of the Institution and the results of its operations, this financial information should be read in conjunction with the audited Annual Financial Statement contained in the Annual Financial Report.

Raymond Chabot Grant Thornton S.E. N.C. R. L.¹

Montreal,
June 10, 2010

AUDITOR'S REPORT

To the Members of the Board of Directors of the *Centre hospitalier de l'Université de Montréal*

We have audited the financial statements, complementary information, data and appendices listed in the table of contents of the Annual Financial Report of the *Centre hospitalier de l'Université de Montréal* (the Institution) for the year ended March 31, 2010, which has been presented in the format prescribed by the Ministère de la Santé et des Services sociaux du Québec, in accordance with Section 295 of the *Act Respecting Health Services and Social Services*. This Annual Financial Report is the responsibility of the Institution's management. Our responsibility is to express an opinion on this Annual Financial Report and the items described in Appendix 1 of the *Règlement sur la gestion financière des établissements et des conseils régionaux* based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance as to whether the Annual Financial Report and the items described in Appendix 1 of the *Règlement sur la gestion financière des établissements et des conseils régionaux* are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Annual Financial Report. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall Annual Financial Report presentation.

In our opinion,

- The Institution has complied with the abovementioned Act and the relevant regulations to the extent they apply to its revenues or expenses, or its volume of services or activities;
- The Institution has complied with the explanations and definitions relating to the preparation of the Annual Financial Report;
- The Institution's accounting practices are consistent with the standards and definitions of the *Manuel de gestion financière* published by the Ministère de la Santé et des Services sociaux du Québec, with the exception of Note 1 in the Appendix of the Auditor's Report;

- The units of measure used by the Institution are consistent with the definitions in the *Manuel de gestion financière* published by the Ministère de la Santé et des Services sociaux du Québec;
- The methods for recording and controlling quantitative data followed by the Institution on which we rely in designing our audit procedures for the Annual Financial Report are valid;
- The Institution’s internal control procedures relating to financial data on which we rely in designing our audit procedures for the Annual Financial Report are valid;
- The Institution has complied with the administrative instructions issued by the Ministère de la Santé et des Services sociaux du Québec and by the Agence de la santé et des services sociaux de Montréal, with the exception of Note 2 in the Appendix of the Auditor’s Report;
- With the exception of the notes included in the Appendix of the Auditor’s Report, the Annual Financial Report presents fairly, in all material respects, the financial position of the Institution as at March 31, 2010 and its revenues and expenses, the changes in its financial position and financial and quantitative data of its activity centres for the year then ended, in accordance with the accounting principles described in Note 2.

The Annual Financial Report, which has not been, and is not intended to be, prepared in accordance with Canadian generally accepted accounting principles, is solely for the information and use of the Institution’s directors, and the Ministère de la Santé et des Services sociaux du Québec and the Agence de la santé et des services sociaux for complying with Section 295 of the *Act Respecting Health Services and Social Services*. This Annual Financial Report is not intended to be and should not be used by anyone other than the specified users or for any other purpose.

*Raymond Chabot Grant Thornton S.E. N.C. R. L.*¹
 Montreal
 June 10, 2010

Comments

1. The Institution has recorded a receivable of \$350,238 from the Agence de la santé et des services sociaux de Montréal (the Agency) for specific projects, including for skin culture. This amount has not been authorized to date by the Agency. However, there are ongoing discussions with the MSSS and the Agency to have this amount recognized and paid.
2. The amounts of \$2,527,219 and \$1,587,277 were paid respectively for compensation regarding administrative tasks carried out by physicians and regarding certain measures applicable to clinical staff. These amounts were recorded in “Other direct charges—principal activities” and in “Extraordinary charges.”

¹ Chartered accountant auditor permit no. 9266

FUNDING OF THE RESEARCH CENTRE

For the year ended March 31, 2010

	2009-2010	2008-2009	2007-2008
Competitive funding	\$40.8 M	\$40.8 M	\$38.2 M
Industrial funding	\$12.5 M	\$12.4 M	\$11.7 M
Other	\$12.0 M	\$11.1 M	\$14.6 M
Total	\$65.3 M	\$64.3 M	\$64.5 M

Source: Division of Financial Resources and Economic Partnerships

PRINCIPAL ACQUISITIONS IN 2009-2010

A device for neuromuscular assessment and isokinetic Strengthening	\$100,592
A mobile fluoroscopy device	\$293,074
Modernization of the MUSE cardiac system	\$335,000
Acquisition of 19 volumetric ventilators	\$828,500
Digestive motility system	\$217,870
Holmium surgical laser	\$226,609
CyberKnife™	\$4,040,653

Source: Division of Financial Resources and Economic Partnerships

OTHER STATISTICS

For the year ended March 31, 2010

	2009-2010	2008-2009
CLINICAL ACTIVITIES		
Emergency (visits)	114,197	110,699
Outpatient clinics (visits)	449,806	434,288
Surgical procedures with hospitalization	12,150	12,167
Day surgeries	18,339	18,595
Cardiac procedures	850	833
Childbirths	2,291	2,308
Neuroradiology (patients)	395	388
Organ donors	57	57
Organ transplants	152	147
Haematology-oncology (visits)	60,043	59,110
Endoscopy (examinations)	41,765	39,165
Hemodialysis (treatment)	65,371	65,896
Prostheses (hip and knee) (including revisions)	355	403
Lithotripsy (patients)	1,261	1,356
Medical imaging (examinations)	389,495	405,865
Laboratory analyses	10,080,573	9,805,180
Kilos of linen processed	3,538,895	3,672,525
Meals served and sold	2,845,349	2,947,987

OCCUPANCY RATE ACCORDING TO BED SET-UP

Hospital	86.7%	85.0%
Residential and long-term care	96.8%	98.7%

Source: Information Management and Quality Performance Division

SUMMARY OF TEACHING ACTIVITIES

	2009-2010	2008-2009
NUMBER OF PRACTICUMS*		
University		
Medicine—Clerkship	1,679	1,661
Medicine—Residency	5,070	4,802
Total	6,749	6,463
NUMBER OF STUDENTS		
University		
Preclinical Medicine	292	318
Medicine—Clerkship	672	687
Medicine—Residency	758	712**
Medicine—Continuing Education and Observation	60	48
Research	610	567
Nursing	292	305
Health professionals (other than physicians and nurses)	432	341
Sub-total	3116	2978
CEGEP and High School		
Nursing	1586	1620
Health professionals (other than physicians and nurses)	446	208
Sub-total	2032	1828
Total	5148	4806

* For the purpose of this report, a practicum lasts four weeks.

** Adjustment due to an error in the information system, which was recently discovered (95 students/physicians/professionals counted twice) because of the integration of "health professional" trainees in the past year.

BOARD OF DIRECTORS

Me PATRICK A. MOLINARI

Chair of the Board

Designated by the Health and Social Services Agency of Montréal

FRANCINE GIRARD

Deputy Chair of the Board

Designated by the *Université de Montréal*

CHRISTIAN PAIRE

Secretary of the Board

CHUM Director General

CLAUDE BENJAMIN

Chair of the disciplinary measures evaluation committee

Co-opted Board Member

MARIE-CLAIRE DAIGNEAULT

Chair of the quality assurance committee (overseeing services provided to patients)

Co-opted Board Member

SERGE AUBRY

Chair of the budget and finance committee

Co-opted Board Member

MICHÈLE BERNARD

Designated by the users' committee

SOPHIE LÉPINE

Designated by and from among the members of the Multidisciplinary Council

MAURICE CHARLEBOIS

Designated by the Health and Social Services Agency of Montréal

PHILIPPE CÔTÉ

Elected by the general public

LOUISA DEFOY

Designated by the users' committee

HÉLÈNE DESMARAIS

Designated by the Québec government

GILLES DULUDE

Designated by the *Fondation du CHUM*

KARINE FARRELL

Elected by the general public

JOSEPH HUBERT

Designated by the *Université de Montréal*

Dr. EDGARD NASSIF

Designated by and from among the members of the Council of Physicians, Dentists and Pharmacists

Dr. JEANNE-MARIE GIARD

Designated by and from among the medical residents practicing at the CHUM

YVON PROVOST

Designated by and from among the staff members

ÉKRAM ANTOINE RABBAT

Designated by the *Fondation du CHUM*

Dr. JEAN LUCIEN ROULEAU

Designated by the *Université de Montréal*

FRANCE ROY

Designated by and from among the members of the Council of Nurses

DIRECTORS

CHRISTIAN PAIRE

Director General

SERGE LEBLANC

Associate Director General

NICOLE BEAULIEU

Director of Communications

Dr. Charles Bellavance

Director of Professional Services

JOCELYN BOUCHER

Assistant Director General—Administration, Financial Resources and Economic Partnerships

FRANCINE DAVID

Interim Director of Information Management and Quality Performance

Dr. MICHÈLE DE GUISE

Director of Health Promotion

Dr. MARIE-JOSÉE DUPUIS

Director of Teaching

DANIELLE FLEURY

Director of Nursing

MYRIAM GIGUÈRE

Director of Hospital Services

JEAN HUOT

Director of Technological Resources

Dr. ANDRÉ LACROIX

Assistant Director General–Medical and Academic Affairs

ESTHER LECLERC

Assistant Director General–Clinical Affairs

FRANK PIGEON

Director of Technical Services

Dr. LUIGI LEPANTO

Director of Assessment of Healthcare Technologies and Intervention Methods

ANGÈLE ST-JACQUES

Director of Patient-Centred Groups

JACQUES TURGEON

Director of Research

RENAUD VIGNEAULT

Director of Human Resources

SYLVAIN VILLIARD

Assistant Director General–CHUM centre-ville

COMMITTEES

Me DELPHINE ROIGT

Chair

RESEARCH ETHICS COMMITTEE

BRIGITTE ST-PIERRE

Chair

RISK MANAGEMENT COMMITTEE

FRANCINE DAVID

Chair

USERS COMMITTEE

LOUISA DEFOY

Chair

LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER
DIANE-ISABELLE POIRIER

COUNCIL OF NURSES
JOUAMANA FAWAZ
Chair

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS
Dr. PAUL PERROTTE
Chair

MULTIDISCIPLINARY COUNCIL
STÉPHANIE ÉMOND
Chair

THE *FONDATION DU CHUM*

GILLES DULUDE
Chair of the Board of Directors

ÉKRAM ANTOINE RABBAT
President and Chief Executive Officer

CODE OF ETHICS GOVERNING THE BOARD OF DIRECTORS

In accordance with point 43 of the code of ethics governing the Board of Directors, the annual report attests to the fact that:

- none of the board members have had a complaint filed against them;
- none of the board members have been involved in a case of professional misconduct;
- none of the board members have had a penalty imposed on them;
- none of the board members have been suspended or relieved of their duties.

The entire code is available, in French only, at www.chumontreal.com, *Notre équipe, Conseil d'administration*.

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